Kaibab Paiute Education Department

AUTHORIZATION TO RELEASE SCHOOL RECORDS

|  |  |
| --- | --- |
| Student’s Name: |   |
| School Term | 2017-2018 |
| Grade |  |
| I request and authorize | The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District and all employees thereof  |  |
| to release school records for the student named above to: |
|  | Name: | The Kaibab Paiute Tribe’s Education Director & Tutors  |
|  | Address: | HC 65 Box 2 |
|  | City: | Fredonia | State: | Arizona | Zip Code: | 86022 |
| This request and authorization applies to: **(please check all that apply)**  |
| 🞎 All school records🞎 Online Grade Information |
| 🞎 Other |  |
|  |
|  |
|  |
|  |
| Parent Signature: |  | Date Signed: |  |
|  |
|  |

**Parents please fill out one form for each of your students. Thank you!**