

CULLMAN CITY SCHOOLS
Dr. Jan Harris, Superintendent

PARENTAL PERMISSION FOR RELEASE OF RECORDS

DATE: _____

PREVIOUS SCHOOL: _____

ADDRESS: _____
Street City State Zip

In compliance with Public Law 93-380, Section 438, Subsection b (1) and b (2). "Protection of Rights and Privacy of Students," schools may not divulge records of personal information included in them to a third party without consent of the student (18 years or over) or the parent or legal guardian of a student under 18 years of age.

I give permission for the records of the following student to be sent to the agency below:

_____/_____/_____-_____-_____
(Student's Full Name) (DOB) (Social Security #)

Signature of Parent/Guardian/18 year old student: _____ Date _____

Relationship to Child: _____

The following records are requested:

Official Transcript (Copy) _____	Test Scores _____	Discipline _____
Immunization Certificate _____	Health Records _____	Attendance _____
Cumulative Record _____	IEP _____ *If Applicable	
Psychological/Intellectual Tests _____		ESL/Primary Language Records _____

For the Purpose of:

Enrollment _____ Job Application _____

Class Placement _____ Other _____

Registrar Signature: _____

MAIL RECORDS TO: CULLMAN HIGH SCHOOL
Attention: Student Records
510 13th Street NE
Cullman, Alabama 35055

Office Use Only:

Request Mailed _____