

APPENDIX A

SCHOOL BOARD OF OKALOOSA COUNTY

PERMISSION FOR DISCLOSURE OF INFORMATION FROM STUDENT RECORDS

Date: _____

I, _____, hereby authorize
(Printed name of parent, guardian, or eligible/adult student)

Shoal River Middle School

to disclose the following information from the school records of:

_____	Student's Name	_____	Date of Birth
		_____	Year of Graduation
_____	Official school transcript (name, address, birthdate, grade level completed, grades, class standing, attendance record).	_____	Psychological Reports
		_____	Record of Student Activities
_____	Standardized Test Scores	_____	Teacher/Counselor Ratings and Observations
		_____	Other _____

TO: Individual _____
Agency _____
Address _____

For the following purpose: _____

**Signature of parent, guardian,
or eligible/adult student**

Relationship

Address