MOUNTAIN HOME SCHOOL DISTRICT NO, 193 470 NORTH THIRD EAST MOUNTAIN HOME, IDAHO 83647

AUTHORIZATION TO RELEASE/EXCHANGE RECORDS/INFORMATION

	Please ser	nd information directly to:
TO:	FROM:	
 You are authorized to release all of the following resources, activities, awards, attendance, class secores, activities, awards, attendance, class secores, activities, awards, attendance, class seconds. Discipline - All pertinent information; Health Information - All health information. Administrative Records - Recommendation. Special Services Assessments - Includes post therapy, occupational therapy, audiological seconds. Withdrawal Grades: - To date of leaving for Legal Information - Includes restraining or Other - 	- Basic identification data, gradstanding, and etc., on, original immunization; ns, correspondence; sychological, speech, language casework, medical, vocational, or work in progress; and orders, etc.	, hearing, physical
Signature of Person Requesting Information	Title	Date
STUDENT(S) GRA	ADE(S)	DATE OF BIRTH
I hereby give consent for the release of all records	as requested.	
S	ignature of Parent/Guardian	Date
It is understood that the information released will be working with my (our) child(ren). I understand that to challenge the content of the records to be released	at I (we) have the right to inspe	
According to Federal Law 99.31 Family Education June 17, 1976, it is no longer necessary to obtain agencies unless you are requesting a Special Signature is still required.	written consent to release rec	cords to other educational
(1. Mail/Send original 2. Retain a Copy for	r School Building 3. Give the	e Parent(s) a Copy)