



EAST TROY
COMMUNITY SCHOOL DISTRICT

**AUTHORIZATION FOR RELEASE OF INFORMATION TO
NON-BIOLOGICAL PARENT/GUARDIAN**

Student Name: _____	Date of Birth: _____	Grade: _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Student Name: _____	Date of Birth: _____	Grade: _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Student Name: _____	Date of Birth: _____	Grade: _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Student Name: _____	Date of Birth: _____	Grade: _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Student Name: _____	Date of Birth: _____	Grade: _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female

I am the legal parent/guardian of the children listed above and hereby give the staff of East Troy Community School District permission to share pupil records that may include, but are not limited to:

Attendance Records	Evaluations and Related Reports
Grades and Grade History	Immunizations
Individualized Education Program	Personality Evaluations
Discipline Reports	Standard Achievement Tests
Statement of Courses Taken	Student Physical Health Records

with those listed below:

Name: _____	Relationship: _____	Phone #: _____
Name: _____	Relationship: _____	Phone #: _____
Name: _____	Relationship: _____	Phone #: _____

Legal Parent/Guardian's Signature: _____ Date: _____

Written notification must be received if permission is no longer granted to share information with the above individuals.