## Van Buren County Community School District

1313 1<sup>st</sup> Street Keosauqua, IA 52565 Phone: (319) 293-3334 Fax: (319) 205-1794

## PARENTAL AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

The undersigned hereby authorizes following official education records:		School	District to relea	ase copies of the
Concerning				
(Full legal name of student)		(Date of	(Grade)	
(Name of last school building attended)		From 20 to 20 (Year(s) of attendance)		
The reason for this request is:				
My relationship to the child is:				
Copies of the records to be released are	e to be sent to:			
( ) Van Buren County CSD ( ) Douds Center 1313 1 <sup>st</sup> Street Keosauqua, IA 52565 Fax: (319) 205-1796	Van Buren County Harmony Cent 1313 1 <sup>st</sup> Stree Keosauqua, IA 52 Fax (319) 205-1	er t 2565	Van Buren County CSD Middle School/High School 1313 1 <sup>st</sup> Street Keosauqua, IA 52565 Fax: (319) 205-1797	
Signature			Date	_
Address:		Ph	none:	

