



FERPA Consent to Release Student Information

Time: _____
of Copies _____
Total Cost _____

To: Centennial Middle School

Please provide the below requested records of _____ (name of Student)

Name of person to whom the records will be released, and the relationship to the student.

_____ relationship _____

Note: A charge of \$15 an hour will be assessed to research, print and copy records. Copies are .20 a page

Please check the box in front of the items you are requesting:

- Medical Records
- Academic Records
- Student Cumulative Records
- Behavior Records

Due to FERPA regulations with behavior issues, any other student information must be removed.

Printed Name _____

Signed _____

Date: _____