

## **Ganado Unified School District**

PO Box 1757 Ganado, Arizona 86505 / (928) 755-1000 / <u>www.ganado.kl2.az.us</u> Fax: (928) 755-1042

## **AUTHORIZATION TO RELEASE STUDENT RECORDS**

Previous School:			
Previous School Address	S:		
Phone #:		/Email:	
Student Name:		Current Grade Level:	DOB:
You are hereby au	thorized to release	the following records for the above	named student:
Withdrawal Form			
Transcript(s)			
Assessment Inform	ation		
ESS records, if app	licable		
Other (BC, CIB, Co	ourt, POA, IMM	UNIZATION)	
Parent Signature		 Date	

Please fax to: (928) 755-1062 or email: leola.thompson@ganado.k12.az.us

<sup>\*</sup>Per Arizona Revised Statute 15-141 -

<sup>&</sup>quot;A. The right to inspect and review educational records and the release of or access to these records, other information or instructional materials is governed by federal law in the family educational and privacy rights act of 1974 (20 United States Code sections 1232g, 1232h and 1232i), and federal regulations issued pursuant to such act."