

POWAY UNIFIED SCHOOL DISTRICT  
San Diego, CA 92128

## Authorization to Release Information

TO: PARENT GUARDIAN, OR ADULT STUDENT

Please sign and date the consent form below and indicate whether or not you consent to the release of the listed information to the person or organization requesting it.

Please notify this office if you want copies of the records requested. A nominal fee may be charged for copying and mailing the records.

Dated \_\_\_\_\_

\_\_\_\_\_  
Custodian of Records

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The undersigned hereby (consents) (does not consent) to the release of the information listed below concerning \_\_\_\_\_  
(Student)

- Person or organization requesting information \_\_\_\_\_
- List of information requested \_\_\_\_\_  
\_\_\_\_\_
- Purpose or reason for requesting information \_\_\_\_\_  
\_\_\_\_\_

All persons or organizations receiving information concerning a student are prohibited from releasing this information to any other person or agency without the express written consent of the undersigned.

Dated \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian/Adult Student