

Flower Mound Clay Target Team



School Records Release Form

Date Requested: _____

As the parent/guardian of _____ in grade _____, I grant
student

permission for: _____
name of school /address / city / state / zip

to communicate any and all information pertaining to a School Safety and Supervision Plan or Student Support Plan as it applies to threat to self or others:

Flower Mound Clay Target Booster Club

Executive Committee President

P.O. Box 270301

Flower Mound, Texas 75027

If a student is under the age of eighteen a parent or guardian must sign. If a student is over 18, he or she may sign. In order to receive academic, special education, and medical records from the school your child currently attends, we are required to obtain your written permission.

Authorized signature: _____
Parent / guardian of student if 18 or older

Address: _____

Phone (home): _____ Phone (cell): _____