

AUTHORIZATION TO RELEASE STUDENT RECORDS

I, the undersigned, hereby request a copy of my school records from the Cedar Rapids Community School District. My information is as follows (please print):

Name at Graduation (or attendance):	_____
Date of Birth:	_____
Year of Graduation (or years attended):	_____
High School attended (or school):	_____

Signature

Date Requested

Complete only if applicable

I further request that these records be released to:

Via Mail Via Fax to: _____ Attn: _____

District Use Only:
Request completed by: _____
Date completed: _____
Identification Checked: [] Yes