

AUTHORIZATION FOR RELEASE OF INFORMATION AND RECORDS

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby authorize **Best Foot Forward** to obtain or review the educational records (records, files, documents, and other materials which contain information directly related to the student and are maintained by an educational agency or institution) of the student named above from the Department of Education, any local school board, school district, or their representative.

This authorization is for the purpose of **Educational Mentoring/Advocacy.**

I understand that this authorization is for repeated access to records from the Department of Education, local school board, school district, or their representative. The confidentiality of the records will be maintained and they may only be released with my written approval.

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Signature Date

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Print Name Phone Number

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Relationship to Student

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