Written Consent of Parent or Legal Guardian for Release of Transcript and Test Scores

I, _____, as parent/legal guardian/student for _____ (hereinafter the "Student"), hereby give permission to officials of Clear Falls High School to release my Student's Transcript and Test Scores to Clear Falls High School Coaches and Recruiters upon request.

The education records governed by this waiver shall include Transcript and Test Scores only. The purpose of these disclosures shall be for recruiting purposes only. I understand that I may revoke this authorization at any time by providing my signed written notice to the appropriate Clear Falls High School Officials. Absent such notice, this authorization shall expire at the end of the 2016/2017 academic school year.

I acknowledge that this form constitutes my written consent to release my student's Transcript and Test Scores that are protected under the federal Family Educational and Privacy Rights Act (FERPA) and state law governing the confidentiality of student records and personally identifiable information contained in such records. I certify that I am the parent or legal guardian of the Student and that I have authority to execute this document regarding the Student's education records.

I,_____,
give permission to officials of Clear Falls High School to release my transcript and test scores to Clear Falls High School Coaches and Recruiters upon request.

_____
Signature of Parent/Guardian Date

_____
Name of Parent/Guardian (please print)

_____
Address

_____
City State Zip Code

_____
Parent/Guardian Telephone Number

_____
Signature of Student Date

_____
Name of Student (please print)