

Wessington Springs School District 36-2



North Central Association Accredited

P.O. Box 449
Wessington Springs, South Dakota 57382
Phone: 605-539-9311 / Fax: 605-539-1029

Authorization to REQUEST or RELEASE records

Date _____

I certify that I am **OF LEGAL AGE PARENT GUARDIAN** of: **Grade**

_____	_____
_____	_____
_____	_____
_____	_____

And do hereby authorize the Wessington Springs School District #36-2 to
REQUEST or RELEASE the above named student(s) records
or transcripts from/to:

(Signature)

NOTE: Because of the recent Amendment of the Federal Family Rights and Privacy Act, it becomes necessary for the school districts throughout the country to get permission in writing to release/request school records. You will be given the opportunity to review the records and to receive a copy of them if you wish.