

Student Name: _____

Date of Birth: _____

Parental Permission for the Release of Records

Children's Scholarship Fund is required to obtain written consent from the parent of the student applicant before personally identifiable information from the student's education records is disclosed to any party other than those who are permitted access by law. Parent must request SASID from current public school and include it on this form.

Parent/Guardian Name: _____

Student/ Applicant Name : _____

Address: _____

Name of Current School: _____

School Address: _____

SASID#: _____ Date: _____

RECORDS TO BE DISCLOSED:

- Attendance Records
- Report Cards
- IEP

PURPOSE OF DISCLOSURE: Verification of school attendance.

RECORDS TO BE DISCLOSED BY:

School District Administrator

RECORDS TO BE DISCLOSED TO:

Children's Scholarship Fund

PARENTS: Please indicate your response to this request by checking the box which reflects your decision and then sign the document in the space provided. A copy of the records to be released will be provided to you upon request.

Consent to the disclosure of the information as described above.

Do Not Consent to the disclosure of the information as described above.

Parent/Guardian Signature: _____

Printed Name: _____ Date: _____



Children's Scholarship Fund
New Hampshire