

**BLACKFOOT SCHOOL DISTRICT NO. 55**  
**270 East Bridge Street**  
**Blackfoot, ID 83221**

**RELEASE OF INFORMATION AND RECORDS**

\_\_\_\_\_  
NAME OF STUDENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
BIRTHDATE

\_\_\_\_\_  
GRADUATION

In accordance with the provisions of the Family Rights and Privacy Act of 1974, no parent signature is required for educational records sent to another educational agency. Confidential information sent or received by the public schools may not be shared with any agency without the written consent of the parent/guardian, or of the student if he/she is 18 years of age or older.

I do hereby authorize the release of information to the following agency/person.

MAIL TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN  
OR ADULT STUDENT

Date Sent: \_\_\_\_\_

By Whom: \_\_\_\_\_