

PLEASANTVILLE COMMUNITY SCHOOL

Students

Policy Title **Authorization for Release of Education Records**

Code #**506.1E2**

The undersigned hereby authorizes Pleasantville Community School District to release copies of the following official education records:

Concerning:

Full Legal Name of Student: _____

Date of Birth: _____

Name of Last School Attended: _____

(Year(s) of Attendance) from 20____ to 20____.

The reason for this request is:

My relationship to the child is: _____

Copies of the records to be released are to be furnished to:

☐ () the undersigned

☐ () the student

☐ () other (please specify) _____

Signature: _____ Date: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____

Date of Adoption/Revision:
1- 07/08/25