

Council Bluffs Community School District
12 Scott Street
Council Bluffs, Iowa 51503

AUTHORIZATION TO RELEASE SCHOOL RECORDS

I hereby request a copy of my: **Transcripts/Proof of Birth/Immunizations/Date of Graduation**
(Please circle record needed)

be released to the following:
(Please include complete address)

I understand no individual or agency outside the school will be permitted to inspect or receive my school records without my permission.

(Signature) _____
(Date)

(Parent or Legal Guardian Signature if student is under 18
years of age)

Name while enrolled in school _____

Current Name _____

Birthdate _____

Schools Attended _____

School and Graduation Date _____

Present Address _____

Telephone _____

There is a charge of **\$3.00 for each** transcript or student record information to help defray the cost of this service to the Council Bluffs Community School District.

Please Return To: **Council Bluffs Community School District**
ATTN: Student Services/Robin

6/02 rl

**12 Scott Street
Council Bluffs, Iowa 51503
Phone 712-328-6423 Ext 352**