

Authorization for School Records

To: _____

Address: _____

City, State, Zip: _____

Re: _____

This form, signed by me, shall constitute written authorization for you to provide to Robert E. Peterson, Attorney at Law, copies or any and all information, records, and grades contained in the official school record of my child, _____.

You are further requested to disclose no information to any other sources without written authority from me to do so.

Signed _____ (day) of _____ (month), _____ (year).

Signature

Printed Name

Sworn to and subscribed before me this _____ day of _____, 20__.

Notary Public

My Commission Expires: