

Records Release

This form provides authorization to your child's current school to release a report card, IEP, and attendance records to Wellspring Interfaith Social Services.

STUDENT NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

NAME OF SCHOOL: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_