

SHOREHAM-WADING RIVER CENTRAL SCHOOL DISTRICT

Shoreham-Wading River High School

250A Route 25A

Shoreham, NY 11786

Phone (631)821-8140 Fax (631)821-8153

Dan Holtzman, Principal

AUTHORIZATION FOR RELEASE OF RECORDS

I, _____, hereby authorize
the _____ to release copies
(name of school)
of _____
(list records)
which are part of the records of _____
(name of student)

and to furnish them to _____
Address: _____

for the purpose of _____

Date of Graduation or withdrawal: _____

Signature

Date

(This form must be signed by the parent/guardian or eligible student prior to the release of personally identifiable student information to a third party at the request of the parent/guardian or eligible student.)

Year of Graduation: _____ or Year of Withdrawal: _____

