



STUDENT CONSENT TO RELEASE STUDENT INFORMATION

Fast Response is committed to maintaining the privacy of and limiting access to students' education records. Students may choose to complete and submit this form to the Registrar allowing release of their education records to specified third parties.

EDUCATION RECORDS TO BE RELEASED (CHECK ALL THAT APPLY):

- ☐ Academic records (grades/GPA, attendance, registration, student ID number, academic progress, enrollment status)
- ☐ Financial records
- ☐ Immunization records
- ☐ Performance Improvement Plans (PIPs)
- ☐ Other (please specify): _____

THIRD PARTY TO WHOM FAST RESPONSE MAY PROVIDE EDUCATION RECORDS:

Name of Person or Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

I understand that the information may also be issued using means other than those provided above, as requested by the recipient. I also understand that I have the right to review any written records released pursuant to this consent. Additionally, I understand that I have the right to revoke this consent at any time by issuing a written notice of revocation to the School Registrar.

Student Name (Printed) _____

Student Signature: _____ Date of Signature: _____

