



CANYONS School District

9361 S 300 East, Sandy, Utah 84070

AUTHORIZATION FOR RELEASE OF EDUCATIONAL RECORDS

As the parent or legal guardian of _____, birthdate _____,

Student

I authorize _____ to release the following educational

School

records to: _____ on _____

Name

Date

- All Educational Records
- Course Grades
- Test Scores
- Attendance
- Other: _____

Parent Signature: (Signature must be Notarized)

Date:

Subscribed and sworn to before me by _____ the parent

or legal guardian this _____ day of _____, 20_____

Residing at _____

(SEAL)

Notary Public

My commission expires: _____