

DINFOS CONSENT FOR RELEASE OF RECORD

1. I hereby authorize _____
Name of School, Individual, or Agency

Street State Zip

To release information concerning:

Name of Student (Full Legal Name)

2. Type of record(s) to be released:

Duplicate Diploma

Detailed Grade
Report

3. Record(s) to be released to the following:

4. Date sent:

Name

Address

I understand that the recipient of the record(s) will use the material for legitimate interests only and that the information contained therein shall not be further transferred or communicated to any other party or agency without my written consent except under authority or Public Law 93-380, Educational Rights and Privacy Act.

Student Signature

Date