

Semester _____



601 Laclede / Neosho, MO 64850
Neosho • Webb City • Nevada • Cassville

This form must be accompanied by a photo ID

Student Consent for Release of Records

Under federal legislation, namely the Family Educational Rights and Privacy Act of 1974, I understand that my educational records cannot be released without my written permission or a Parental Affidavit of Dependency certified by my parent or guardian.

Name of Student Social Security Number

Street Address City State Zip Code

I request that the information listed below be released to the following:

Release to: _____

Information to be released:

Student Signature

Date