

MARION SCHOOL DISTRICT 60-3

MARION, SD 57043

**RELEASE CONSENT**

In compliance with the Family Educational Rights and Privacy Act of 1974 (Buckley, Amendment, Title V, Se. 513-515, pg. 88-91) which requires parental notification for the exchange of school record information, including Special Education, Speech, or medical records on school files, I give my consent for the release of all pertinent records pertaining to:

(Student name)	(Date of birth)	(Grade)
_____	_____	_____
_____	_____	_____
_____	_____	_____

School requesting records: Marion School District 60-3  
100 S. Cedar  
Marion, SD 57043

Date: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Name of School & Address Previously attended: