

HENDRY COUNTY SCHOOL DISTRICT

RECORDS RELEASE FORM

FULL NAME OF STUDENT, PARENT, OR GUARDIAN

HEREBY AUTHORIZE THE RELEASE OF ACADEMIC, HEALTH, AND PERSONAL RECORDS BY THE HENDRY COUNTY SCHOOL DISTRICT.

NAME: _____
(AT TIME OF GRAD / WITHDRAWAL)

SCHOOL: _____

YEAR GRAD: _____ WITHDREW: _____ GED: _____

D.O.B.: ____ / ____ / ____ S.S. #:(Last 4) _____

PLEASE MAIL OR FAX INFORMATION TO:			
NAME OF INSTITUTION			
STREET			
CITY	STATE	ZIP	
PHONE NUMBER	FAX NUMBER		

SIGNATURE OF STUDENT (18 or older), PARENT, OR GUARDIAN

ADDRESS

ADDRESS

PHONE

Return to:
Hendry County Schools / Records
P. O. Box 1980
LaBelle, Florida 33975

(863) 674-4100 Fax: (863) 674-4103