1650 W Traverse Terrace, Lehi, UT 84043
Main: (801) 901-8520 Fax: (801) 901-8515

AUTHORIZATION TO RELEASE SCHOOL RECORDS

School Name: _____

Address:_____

Phone Number_____Fax Number:_____

Please send the cumulative records for the following students:

Student Name: _____Grade:_____ Birth Date: _____

Student Name: _____Grade:_____ Birth Date: _____

Student Name: _____Grade:_____ Birth Date: _____

Student Name: _____Grade:_____ Birth Date: _____

As the parent/legal guardian of the student(s) listed above, I hereby authorize the above-named school to release my student's cumulative file with all records and test results.

_____ _____

Parent/Guardian Name Date

ALL STUDENT FILES WILL UPDATED UPON RECEIPT OF DOCUMENTS FROM THE IDENTIFIED SCHOOL.

FOR IEA OFFICE USE ONLY

Date Request for Student File was sent: ____/____/____

Receiving Fax Number: _____

Sent by: Ignite Entrepreneurship Academy Initials: _____