



GRAFTON HIGH SCHOOL

400 Yates Avenue, Grafton, WV 26354
Phone (304) 265-3046 | Fax (304) 265-2156

AUTHORIZATION TO RELEASE OR PROVIDE ACCESS TO STUDENT RECORDS

I hereby authorize _____ to
(name of person, school, or agency holding records)

the records of _____ to
(name of student) (date of birth)

Grafton High School. Please send any of the following records that you have available if applicable:

- Transcripts
- Standardized Scores
- Current Schedule
- Family History
- Attendance Records
- ACT/SAT Scores
- Birth Certificate
- Current Grades
- Developmental History
- Discipline Records
- Immunizations/Medical History
- Social Security Card
- IEP/504s
- Psychological Evaluation
- Other: _____

I understand that the records provided pursuant to this authorization will become part of the educational records. Medical records that were previously governed or protected by the Health Insurance Portability and Accountability Act (HIPPA) may not be protected by the Family Educational Rights and Privacy Act (FERPA).

(Signature of parent, guardian, or eligible student)

(Date)