AUTHORIZATION FOR RELEASE OF EDUCATIONAL RECORDS

Diamond Ridge High School
9800 South 800 East
Sandy, Utah 84094
Phone (801) 826-9900

_____ _____/_____/_____
Student Name Date of Birth

_____
Approximate Dates of Diamond Ridge Attendance

Diamond Ridge will release the records listed below to the following person or entity:

Name: _____
Address: _____
_____
Attention: _____
Phone Number: _____

Please indicate the records to be released (if available or they exist):

_____ Transcript _____ IEP _____ 504
_____ Other: _____

I hereby authorize Diamond Ridge High School to release any of the records checked to the person or entity listed above. I understand I may revoke this release in writing provided to Diamond Ridge High School, and that this release will expire six (6) months after the date below.

_____ _____
Student Signature (may be signed by Parent/legal guardian if student is a minor) Date

Withholding of records is prohibited under State of Utah Code Sec. 53-7 a (1) (1) and State Board of Education Rule #R300-407-5C.