

# AUTHORIZATION TO RELEASE SCHOOL RECORDS



TO: TRAVERSE MOUNTAIN ELEMENTARY SCHOOL  
2500 W Chapel Ridge Road  
Lehi, Utah 84043  
(801) 610-8725 - Phone  
(801) 701-6280 - Fax

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Please send the cumulative records for:

Name \_\_\_\_\_ Grade \_\_\_\_\_ Birthday \_\_\_/\_\_\_/\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Birthday \_\_\_/\_\_\_/\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Birthday \_\_\_/\_\_\_/\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Birthday \_\_\_/\_\_\_/\_\_\_

Please include the following:  
(Check all that may apply.)

- Immunization Records
- Confidential Reports
- Psychological Testing

As parent or guardian of the above named student(s), I do hereby authorize the above named school to release cumulative files with all records and test results.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address