



LAURENT CLERC
NATIONAL DEAF EDUCATION CENTER

AUTHORIZATION TO RELEASE STUDENT RECORDS

I, _____, give permission to the Laurent Clerc National Deaf Education Center to:

Release information to me, I will pick up the requested information in person

Mail information to the following person/agency

Person/Agency Name: _____

Street Address: _____

City, State, ZIP Code: _____

Fax information to the following person/agency

Person/Agency Name: _____

Fax #: _____

Information to be released:

Student Transcript

Individual Education Plan

The following information: _____

Year Graduated (if applicable): _____ Date of Birth: _____

Phone/TTY/VideoPhone(circle one) Number: _____

Email Address: _____

I understand that all people at the Laurent Clerc National Deaf Education Center will keep this information confidential in accordance with the District of Columbia law:

Print Student Name: _____

Student's Signature: _____

If student is a minor, print Parent/Legal Guardian's name: _____

Parent/Legal Guardian's signature: _____

Date: _____

Records will be sent out within 72 hours upon receiving this request.