

**HAILEY ELEMENTARY**  
520 1ST AVENUE SOUTH  
HAILEY, ID 83333  
PHONE: 208-788-3091  
Fax: 208-788-2183



# Authorization for Release of Information

I hereby authorize \_\_\_\_\_ school located at \_\_\_\_\_

School Name (Escuela) \_\_\_\_\_

City (ciudad) \_\_\_\_\_ state (estado) \_\_\_\_\_ Zip \_\_\_\_\_

Phone (telefono) \_\_\_\_\_ Fax \_\_\_\_\_

To transfer all school records on the following student(s):

Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_  
(Nombre) (grado)

Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Send records to: Hailey Elementary School at the above address

*Please include all records including official school records, medical, psychological, special education, social work and counseling reports.*

I understand the information will be kept confidential and used only for professional reasons. The Family Education Rights and Privacy Act dated June 1976 no longer requires written parental consent to release student educational records between schools.

\_\_\_\_\_  
School Official

\_\_\_\_\_  
Date