

DALLAS CENTER-GRIMES COMMUNITY SCHOOL
P.O. BOX 512, 1414 WALNUT STREET, SUITE 200
DALLAS CENTER, IOWA 50063
TELEPHONE 515-992-3866 FAX 515-992-3079

AUTHORIZATION FOR RELEASE OF INFORMATION TO DC-G

As the parent, legal guardian, or a student that is at least 18 years of age, I hereby authorize the school/agency listed below to release specified information to the Dallas Center-Grimes Community School District for the student listed below.

School/Agency: _____

Student's Name: _____

Student's birth date: _____

Specify information to be released: _____

Send information to: Name: _____

 Address: _____

Signature of Parent, legal guardian, or a student that is at least 18 years of age

Date

(Valid for one year from signing date unless otherwise specified.)