



MAPLE VALLEY PUBLIC SCHOOL

207 Broadway – P.O. Box 168
Tower City ND 58071
PH (701) 749-2570
FAX (701) 749-2313

PERMISSION TO RELEASE OFFICIAL SCHOOL RECORDS

You are hereby authorized to provide Maple Valley Public School
with a copy of the school record of:

Student's Full Name _____
Date of Birth

School Last Attended

REASON: _____

- _____ Official Administrative Record (name, address, birth date, grade level completed, grades, class standing, attendance record)
- _____ Basic Information about the student and student's family
- _____ Health Records
- _____ Standardized Achievement Test Scores
- _____ Intelligence, Aptitude, and Interest Test Scores
- _____ Special Services (Speech Therapy, Tutoring, Etc.)

I am aware that these school records are available for my inspection at any time and that I may receive a personal copy if requested.

Signature _____
Relationship

Date