

AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

School Name and address:

TO WHOM IT MAY CONCERN:

You are hereby authorized and requested to furnish the law firm of The Weisberg Law Group, PLLC, or their designate, any and all information regarding the school records for the student listed below and any other academic information which may be available to you.

Signed: _____

Relationship: _____

Parent's Name: _____

Student's Name: _____

Address: _____

Witness

Date

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