

SAYRE AREA SCHOOL DISTRICT  
Sayre, Pennsylvania

**PERMISSION FORM FOR ACCESS TO STUDENT RECORDS**

The Family Educational Rights and Privacy Act of 1974 (Sec. 513 of the Educational Amendments of 1974, P.L. 93-380 governs access to student records by parents, students and other persons. Therefore, it is necessary to have the written consent of parents of students under 18 years of age, or the student if 18 or over, for school records to be released to any person or agency outside the school. The form below is for this purpose. I give the Sayre High School Guidance Office permission to release my transcript, including all test scores, to the below-named person or agency. I also acknowledge being informed that I may request a copy of my transcript if desired.

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I hereby authorize the Sayre Area School District to release the school records of:

\_\_\_\_\_  
(Name as it was while at Sayre High School)

to: \_\_\_\_\_  
(Name and Address of Person/Agency)

Date of Graduation: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date: \_\_\_\_\_ \_\_\_\_\_  
(Print Current Name)

\_\_\_\_\_  
(Signature)