



*Teacher's Only Tutoring
Authorization For Release of Education Records*

Student Name: _____

Grade: _____ *Date of Birth:* _____

Teachers Only Tutoring has permission to request:

(Check all that Apply)

- Transcripts, Report Cards, and any Other Grade Reports*
- State Test Scores*
- Cumulative File*
- Any information that will help with child's academic success*
- Other:* _____

Please release this information to Teachers only Tutoring upon request. This information will be used to help assist in meeting the student's educational needs. I understand that I can revoke this authorization at any point.

I acknowledge that this form constitutes my written consent to the release of confidential student records and/or confidential personally identifiable information that is protected under the federal Family Educational and Privacy Rights Act (FERPA) and state law governing the confidentiality of student records and personally identifiable information contained in such records. I certify that I am more than eighteen (18) years old and that I have authority to execute this document regarding my education records.

Name: _____ *Date:* _____

Parent/Guardian Signature: _____