

Education Records Release For:

(Name of Student)

I give (indicate former school name)_____ permission to release the following records to Sanborn Regional School District:

Transcript, Cumulative Education Records, Immunizations / Medical Records, Attendance and Discipline Records, Special Services Records / Disability Services Records

Print Name of Mother/Father or Guardian: _____

Signature:_____

Date: _____

Contact Telephone #: _____

Sanborn PRIDE: Personalization, Risk-Taking, Integrity, Discovery, and Empowerment

We are committed to sustaining a positive environment which promotes respect, academic excellence, and pride by encouraging independent thinking within a culture of collaboration.

In accordance with Title IX of the Civil Rights Act of 1964 the Sanborn Regional School District prohibits discrimination because of sex or gender, "No person shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any educational program or activity receiving federal assistance."