



AUTHORIZATION TO RELEASE STUDENT RECORDS

(Records will be sent out within 72 hours upon receiving this request.)

I, _____, give permission to the Laurent Clerc National Deaf Education Center to:

- Release information to me, and I will pick up the requested information in person
- Mail information to the following person/agency

Person/Agency Name: _____

Street Address: _____

City, State, ZIP Code: _____

- Fax information to the following person/agency

Person/Agency Name: _____

Fax #: _____

Information to be released:

- Student Transcript
- Individual Education Plan
- The following information:

Year Graduated (if applicable): _____ Date of Birth: _____

Phone/TTY/VideoPhone(circle one) Number: _____

Email Address: _____

I understand that all people at the Laurent Clerc National Deaf Education Center will keep this information confidential in accordance with the District of Columbia law:

Print Student Name: _____

Student's Signature: _____

If the student is a minor, print Parent/Legal Guardian's name: _____

Parent/Legal Guardian's signature: _____ Date: _____

MODEL SECONDARY SCHOOL FOR THE DEAF

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