

KANE COUNTY SCHOOL DISTRICT
Kane County Adult Education Program

Consent to Release Education Record to a Third Party

To _____
Name of High School Attended

Address of School

Pursuant to the Family Education Rights and Privacy Act of 1974, which requires consent for release of information outside the school, I hereby give my consent for the release of my educational records to:

Director of Adult Education
Kane County School District
733 South Cowboy Way, Kanab, Utah 84741
Tel: 435-644-8609 Fax: 435-644-8665

Student Signature: _____ Date: _____

Print name under which you attended high school _____

Students birth date

Parent signature, if student is under 18

Year you would have graduated

Last school year attended

The above student is currently enrolled with Kane County Adult Education Program for a course of study to achieve his/her high school diploma/GED/literacy advancement.

- Please send:
- * Transcript of high school grades and credits earned
 - * Special Education records, if applicable
 - * GED results, if taken
 - * ESL testing, if applicable

If you are a non-Utah school, a key to your credit system and graduation requirements would be helpful to us.

We thank you for your prompt attention in this matter.

Request Date: _____

Attention: Elizabeth Button

Phone: 435-644-8609 Email: buttonel@kanek12.ut.us

For Office Use: 2nd Request date _____ 3rd request date _____