

Date _____ Student's Name _____ Birth Date _____ Grade _____

School Last Attended _____ Address _____ City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

In compliance with the Family Education Rights and Privacy Act of 1974, which requires consent for the release of certain information, I hereby give consent for you to release to the school listed below, the records and report I have indicated.

- General Education Records
- Special Education Records
- Psychological Reports

Please forward school records to:
School Lone Peak Elementary
Address 11515 S High Mesa Drive
City Sandy State UT Zip 84107
Phone 801-826-8650 Fax 801-826-8651

Signature of Parent/legal guardian _____ Date _____

Address _____ City _____ State _____ Zip _____