

EXPULSION

Form 2 Authorization to Review Records

Date: _____

Name of Student: _____

AUTHORIZATION TO REVIEW RECORDS -- RE: Hearing Regarding School Board Expulsion from School.

I certify that I am the parent or guardian of _____ and do hereby authorize the _____ School District to permit _____ to view the school records of the above-named student, including academic and disciplinary records.

Signature of Parent or Guardian

Address

Note: If student is 18 years of age or older, the student shall sign above in lieu of parent or guardian.