

**DIKE-NEW HARTFORD COMMUNITY SCHOOL**

**PARENTAL AUTHORIZATION FOR  
REQUESTING STUDENT RECORDS**

The undersigned hereby authorizes \_\_\_\_\_ School  
District located at \_\_\_\_\_ to release  
copies of the following official educational records:

- \_\_\_\_\_ Semester and year grades in addition to grades to date of withdrawal
- \_\_\_\_\_ Standardized test record
- \_\_\_\_\_ Health record
- \_\_\_\_\_ Immunization card
- \_\_\_\_\_ Key to your grading system
- \_\_\_\_\_ Special help information (learning disabilities, summer school, special classes, etc.)

\_\_\_\_\_ Full Legal Name of Student(s)                      Date of Birth                      ""Grade  
concerning

To: **Dike-New Hartford Community School**  
**330 Main Street**  
**Dike, IA 50624**

The reason for this request is:  
\_\_\_\_\_

My relationship to the child is: \_\_\_\_\_

\_\_\_\_\_  
Signature  
Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_