

# School Records Release Form

To the officials of Cedar Rapids Community Schools,

I hereby grant permission for the University of Northern Iowa Educational Talent Search - Cedar Rapids program (ETSCR) to have access to the records of \_\_\_\_\_, including the cumulative, **Student Name** quarterly and semester grades, test scores, transcripts, and class schedules, during their 6<sup>th</sup> -12<sup>th</sup> grade enrollment in the ETSCR program.

I understand my child’s records will be kept in a confidential file and used for the following purposes:

- To assist ETSCR personnel as they support my child’s preparation for success in accessing and completing postsecondary education.
- To provide data to the U.S. Department of Education and to the University of Northern Iowa for the sole purpose of assessing the effectiveness of ETSCR in providing services to its participants.
- To contact the student and/or family members as needed for purposes related to enrollment in the program.

I understand I may revoke this release at any time by submitting to the University of Northern Iowa ETSCR a dated, signed statement denying the release of secondary school records.

**\*\*This records release form will be valid (6<sup>th</sup>-12<sup>th</sup> grade) or until the student has exited out of the program\*\***

Student’s School	Grade	Student’s School ID#
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Parent/Guardian Name *(please print)*

Current Address

City	State	Zip Code
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Phone #

Parent/Guardian Signature	Date
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