

To be translated into the student's home language
**AUTHORIZATION FOR RELEASE OF
STUDENT RECORDS AND/OR STUDENT RECORD INFORMATION**

I, the undersigned, authorize the Cambridge Public Schools to release copies of and/ or information regarding the student record (hereinafter "Student Record") of my child, _____, to _____
_____. I further represent that I have authorized _____ to receive copies of this Student Record and to speak with and/or obtain information from this Student Record regarding my child from Cambridge Public Schools employees, including without limitation, the principal of my child's school and my child's teachers.

By signing this Authorization for Release of Student Records and granting permission as stated herein, I am releasing the City of Cambridge, the Cambridge Public Schools and the Cambridge School Committee and their respective officers, directors, agents, members and/or employees from and against all claims arising out of the release of my child's Student Record and any subsequent use of this Student Record and any information contained therein by the designated recipient and their respective officers, directors, agents, members and/or employees.

I have read this Authorization for Release of Student Records and/or Student Record Information and understand its terms. I sign it voluntarily and with full knowledge of its significance.

_____ Student Name	_____ Grade	_____ Date of Birth
_____ Parent/Guardian/Caregiver Signature		_____ Date
_____ Parent/Guardian/Caregiver Signature		_____ Date
_____ Student Signature (if 14 or older)		_____ Date