



## PERMISSION TO RELEASE PUPIL RECORDS

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I, \_\_\_\_\_ parent/guardian of \_\_\_\_\_ give permission to the Denver Public Schools to release the following records:

**Attendance Records**  
**Academic Records**  
**Personal/ Social Records**

To \_\_\_\_\_ DENVER KIDS, INC. \_\_\_\_\_  
(Person or agency to receive records)

These records are to be released for the following reason:

As a prerequisite for participation in the DENVER KIDS, INC. counseling program.

- A. It is agreed that upon receipt of these records, we will not release the record(s) or any information therein to any other person or agency outside of Denver Kids, Inc. without prior written consent of the parent or guardian.
- B. As parent or guardian of the aforementioned pupil, you may obtain a copy of these records. If you do desire a copy, make this known to the custodian of the record(s).

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)