

Aurora CO. 80045

## **AUTHORIZATION FOR RELEASE OF RECORDS**

I hereby give permission for the Aurora Public Schools to receive records of:

	14 14 14 14 14 14 14 14 14 14 14 14 14 14 1			**	(A)	* 	
First Name	Middle Name	Last Name	Birth Date	Month 1	Day Year	-	
The following	g records are hereby rec	quested:					
⊠ s	chool Records		Psycho	logical/S	ociologica	al	
\	Special Education	Other (describe on separate page					
\ \ \	Standardized Test Data						
	Medical						
These records	are currently in the po	ssession of:					
Previous Scho	ool/Agency/Individual			- 11000-11000 ST-150			
Street		City		State	Zip	#8	
notified that you cost of duplication inappropriate.  CHECK ONF	E OF THE FOLLOWING that I am the parent or	he educational records, to ntent of said records on the NG: legal guardian of the p	o have a copy of s the grounds that the person who is the	aid records ney may be	s if you wish inaccurate,	h to pay the misleading	
	nd that said person is und that I am over eighteen above.			who is the	subject ma	atter of the	
Date		Signature	19				10
THIS AUTH	ORIZATION WILL B	E KEPT ON FILE P	URSUANT TO	PUBLIC	C LAW 93	3-380	
can and re	turn by email to:	Aurora Science & Te	ch Middle Sch	ool at: <u>Ta</u>	inia.Baez	@science	<b>-</b> andted
	A	Aurora Science & Te	ch High Schoo	at: Owl	SAST@gm	nail.com	
li Nicond hee	mail ta				20		11
or send by i							
AST Midd	dle School:	Δ	ST High Sc	hool:		8 <b>8</b>	:
ATTN: Tan	ia Baez	А	TTN: Karina	Rodrig	uez	926 W	•
2540 N Sci	ranton St	2	540 N Scran	ton St			Ħ

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