

**Canton School District**  
**800 North Main Street**  
**Canton, SD 57013**  
**605-764-2706 (Phone)      605-764-2700 (Fax)**

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

TO: \_\_\_\_\_  
(School)

\_\_\_\_\_  
(Address)

**AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION**

In compliance with the Family Rights to Privacy Act of 1974, I request that you release to the Canton School District # 41-1, all records, including immunization, academics, IEPS, and other special education records for:

\_\_\_\_\_  
(Name on School Records)

\_\_\_\_\_  
(Date of Birth)

I understand that the school district will keep such information confidential and will use it for professional use only.

Please send all pertinent information to the following:

**Kent Knudson, 6<sup>th</sup>-12<sup>th</sup> Principal**  
**Canton High/Middle School**  
**800 North Main Street**  
**Canton, SD 57013**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Present Address)