

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:

Russ Townsend, 6th-12th Principal
Canton High/Middle School
800 North Main Street
Canton, SD 57013

(Signature)

(Present Address)