

**Council Bluffs Community School District  
Student & Family Services**

**AUTHORIZATION TO RELEASE SCHOOL RECORDS**

I hereby request a copy of my transcript, proof of graduation, proof of birth or immunization (please circle one) be released to **(please provide complete address)**(sorry for the inconvenience, we do not fax or email records):

\_\_\_\_\_  
\_\_\_\_\_

*I understand no individual or agency outside the school will be permitted to inspect or receive my school records without my permission.*

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

\_\_\_\_\_  
(Parent or Legal Guardian Signature if student is under 18 years of age)

**Name while enrolled in school** \_\_\_\_\_

Current Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

School and Graduation Year or Last School Attended and Year of Exit:

\_\_\_\_\_

Current Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Please Return To: **Council Bluffs Community School District  
ATTN: Student & Family Services/Robin  
300 W. Broadway, Suite 1600  
Council Bluffs, Iowa 51503  
Phone 712-328-6423 Ext 11352**