



## Release of Students Records

Must be signed by Parents/Guardian

**Information Release:** I hereby permit the staff of my child's education provider, to disclose and discuss my student's information to a representative of the Pechanga Indian Reservation. This includes access to my child's academic recorders, current transcripts, schedule of classes, attendance records and progress reports as deemed necessary from my child's school. If electronic information is available please fill in the appropriate line below to allow Pechanga Indian Reservation to access information for your child.

Student-1 Information:		
Student's Name:		DOB:
Name of School:		School Phone #:
Teacher/Counselor Name:	Teacher/Counselor Phone #:	Teacher Email Address:
ONLINE SCHOOL INFORMATION		
Website:	Login:	Password:
Student-2 Information:		
Student's Name:		DOB:
Name of School:		School Phone #:
Teacher/Counselor Name:	Teacher/Counselor Phone #:	Teacher Email Address:
ONLINE SCHOOL INFORMATION		
Website:	Login:	Password:
Student-3 Information:		
Student's Name:		DOB:
Name of School:		School Phone #:
Teacher/Counselor Name:	Teacher/Counselor Phone #:	Teacher Email Address:
ONLINE SCHOOL INFORMATION		
Website:	Login:	Password:
Student-4 Information:		
Student's Name:		DOB:
Name of School:		School Phone #:
Teacher/Counselor Name:	Teacher/Counselor Phone #:	Teacher Email Address:
ONLINE SCHOOL INFORMATION		
Website:	Login:	Password:
I understand this information will be kept confidential by the Pechanga Tribal Government employees.		
Parent/Guardian Signature:		Date: