



AUTHORIZATION FORM

To Whom It May Concern:

I, _____, parent of _____
Name of Parent *Name of Child*

give permission to _____ to release my child's pupil records, as defined in
Name of Current School

the Education Code, information about my child, and recommendations or completed questionnaires to YULA High School upon request. I hereby waive any right I may have under Education Code Section 49069.7 or otherwise to access recommendations, completed questionnaires, or other information about my child provided to YULA High School.

Thank you,

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date