



**HARVEST ELEMENTARY**  
 2105 North Providence Drive  
 Saratoga Springs, UT 84043  
 (801) 610-8709 Fax: (801) 768-1947

**AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS**

In accordance with the Family Education Rights and Privacy Act, the

Name of School Last Attended: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State ZIP \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

is hereby authorized to release all records pertaining to the following students to Harvest Elementary School:

_____ All cumulative records	_____ Withdrawal grades	_____ Scholastic achievement data
_____ Standardized test data	_____ Health & Immunization Records	
_____ Any medical, sociological, psychological, educational & developmental information, <b><u>including any 504, IEP, or Special Education or Resource information.</u></b>		

Student Name

Birth Date

Grade (this year)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
 Parent or Guardian Signature

\_\_\_\_\_  
 Date