



Athletic Student Record Release form

Student Name: _____

Student ID#: _____

Date: _____

Release:

The above student has requested academic records be made available to representatives of any Division I colleges, Division II colleges, Division III colleges, NAIA colleges, or Junior College ("Schools"). Mansfield ISD will use this release as authority to transmit to the Schools outlined herein, all requested Academic Records as defined herein and in Mansfield ISD Board of Trustees Policies FL (LEGAL) and FL (LOCAL), that may include, but are not limited to, transcripts, grade reports, attendance, participation and performance in athletics, and disciplinary records (hereinafter "Academic Records").

Authorization Signature:

By my signature below, I hereby authorize Mansfield ISD to release any and all Academic Records requested by official representatives of the Schools identified above regarding [STUDENT NAME] including, but not limited to, transcripts, ACT and SAT scores, and proof of graduation.

Further, by my signature below, I acknowledge that I understand and agree that upon receipt from the Schools, Mansfield ISD will send the Academic Records, without obtaining further consent for the release of the Academic Records. I agree that Mansfield ISD will provide standard notification to Schools regarding their obligations under the Family Education Rights and Privacy Act but **is not responsible** for the Schools' use of the Academic Records provided in response to a request.

_____ I authorize Mansfield ISD to release the Academic Records of [STUDENT NAME] to requesting Schools.

_____ I authorize Mansfield ISD to release the Academic Records **ONLY TO THE IDENTIFIED** requesting Schools, as identified on the back of this form.

Parent Signature: _____

Date: _____

Student Signature: _____

Date: _____