

**Authorization for release of education records**

20 U.S.C. 1232g (b)(1) and (b)(2)(A)), 34 C.F.R. §99.30

To: Windham School District  
Attn: Educational Records  
P.O. Box 40  
Huntsville, Texas 77342

I, \_\_\_\_\_

Date of Birth \_\_\_\_\_, TDCJ Number \_\_\_\_\_,

hereby consent to the release of any and all educational records held by the Windham School District, including but not limited to classes attempted and results thereof, testing and certificates earned and awarded, etc. pertaining to me that are considered confidential. I do hereby waive my privilege of confidentiality as to the information and records in your possession and authorize you to make full disclosure to the below named person(s):

You are authorized to disclose this information to:

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

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

The purpose of this disclosure is:

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

I DO or DO NOT request that I be furnished with a copy of the records released under this authorization.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_