



Authorization for Release of Records

Student Name: _____ Date of Birth: _____

I hereby authorize: _____

to release my cumulative record folder.

Please mail documents to:

Michael Lee
Sandpoint Junior Academy
2255 Pine Street
Sandpoint, ID 83864

Phone: 208-263-3584
Email: school@sjasda.org

- Official transcripts for all grades attended
- Report Cards for all grades
- Standardized testing results
- Complete health and immunization records
- Any Special Education Records, IEP, Resource documentation, etc.

This release is for the purpose of educational planning. This is to notify you of your right to receive a copy of the records and a right to a hearing to challenge the contents.

Medical Restrictions – I understand the requestor may not further disclose the medical information unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law.

Parent or Legal Guardian Signature

Date