

CORCORAN UNIFIED SCHOOL DISTRICT

RELEASE OF PUPIL INFORMATION
AGREEMENT TO LIMIT USE OF INFORMATION RECEIVED

NAME OF STUDENT(S) _____

DESCRIPTION OF INFORMATION REQUESTED _____

PURPOSE FOR WHICH REQUESTED _____

I certify that the information received will be used only for the purpose noted above, and will not be transmitted to others.

(Signature of individual authorized to receive information)

(Organization or agency)

(Date)