



P.O. Box 639
Dover, DE 19903
Phone: 302-739-5560 Fax: 302-739-5565

Disclosure of Student Records
Permission for Release of School Information

Under provisions of P.L. Title V, Section 483 (Privacy Act), I hereby authorize the Chief School Officer or the designated representative to release my high school transcript, Adult Education records, or GED records deemed necessary to:

Matt Davis, Administrator
DCDAL
P.O. Box 639
Dover, DE 19903
(888) 321-GRAD
Fax: (302) 739-5565

(Please Print)

Student Name/Maiden Name/AKA _____

Date of Birth _____ Age _____ Last Grade Completed _____

School/Program Attended _____ Withdrawal Date _____

School Address _____
Include complete address if school is located out of state (i.e. street address, city, state, and zip code).

This disclosure permission also includes the release of records from Delaware Adult Education sites.

Signature of Student _____ Date _____

Important Notice to Recipient: This document may contain confidential information related to individuals and intended solely for the addressee. Please do not read, copy or disseminate this information (other than to return it to the sender) unless you are the intended addressee. If you have received this document in error, please return the document to the sender or call the sender and destroy the document. If you are the intended recipient, federal and/or state law, or contractual agreements with the employer might require you to take steps to ensure the confidentiality of the information, whether retained as hardcopy or reproduced electronically. If you have questions about your confidentiality obligations you should speak to your organization's Privacy Official or legal counsel.

(For School Use Only)

Date Requested: _____

Please retain the bottom of this form for your records and RETURN the top portion to us with the student's records.

Items Released _____

Released To _____

Released By _____ Date Released _____