

**STUDENT'S CONSENT FOR PARENTS TO ACCESS STUDENT RECORDS**

(Name of student) \_\_\_\_\_ (Grade/Class) \_\_\_\_\_

(Student ID #) \_\_\_\_\_ (Date of birth) \_\_\_\_\_

I am a student attending (name/number of school) \_\_\_\_\_ and I am 18  
years of age or older. As long as I continue to attend school, I authorize my parent (s) or guardian(s)  
(name(s)) \_\_\_\_\_

to exercise all the rights defined in the regulation governing access to and confidentiality of student  
records, *Chancellor's Regulation A-820*.

All the information released to the persons named above should be considered to have been released to  
me.

Student signature \_\_\_\_\_ Date \_\_\_\_\_