

BOLINAS-STINSON UNION SCHOOL DISTRICT

125 OLEMA-BOLINAS ROAD
BOLINAS, CA 94924

PHONE (415) 868-1603
FAX (415) 868-9406

Record Release Form

The Undersigned hereby consents to the release of records of:

Student's Name

Particularly described as CUM folder, Health Records, Immunization records, Birth Certificate, Special Education File, and all other pertinent school records to be released to:
The Bolinas-Stinson Union School at 125 Olema-Bolinas Road, Bolinas, CA 94924. The undersigned hereby acknowledges that he/she has been informed that he/she has a right to a copy of the records and that, if the undersigned so desires, the student also has the right to a copy of the records. The undersigned acknowledges that he/she has been further notified that he/she must pay to the school district the actual cost to the school district of any copies of records which he/she requests. The undersigned hereby certifies that he/she is the legal parent or guardian of the above named student.

Date

Signature of legal parent or guardian

Please send records to the above address.

Name of last school attended: _____

Address: _____

City: _____ State: _____

Phone (if known): _____