

**CURTIS CREEK SCHOOL  
18755 STANDARD ROAD  
SONORA, CA 95370  
(209) 532-1428  
Fax (209) 588-9593**

**AUTHORIZATION FOR RELEASE OF STUDENT RECORDS**

_____ Name of pupil (Last, First, Initial)	_____ Grade	_____ Date of Birth
_____ Name of pupil (Last, First, Initial)	_____ Grade	_____ Date of Birth
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The student(s) listed above is (are) now enrolled at Curtis Creek School. Please forward the complete transcript of records, cumulative records, health records, confidential records, psychological reports, and all other available guidance materials to the school address indicated above.

I hereby authorize this transfer of records:

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Last School Attended

\_\_\_\_\_  
School Address

\_\_\_\_\_  
City, State, Zip Code