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**HUNTINGDON HIGH SCHOOL**

Dr. Jonathan Kee, Principal

**PARENT CONSENT**  
**RELEASE OF STUDENT RECORDS TO OUTSIDE AGENCY**

As the parent/guardian of the student named below, I give consent to send records to the agency or school indicated.

Student Name: \_\_\_\_\_

Requesting School or Agency: \_\_\_\_\_

Purpose Of Request: \_\_\_\_\_

Records To Be Released: \_\_\_\_\_

Date In Which Consent Is Terminated (if applicable): \_\_\_\_\_

Legal Guardian Name: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_