



LYON COUNTY SCHOOL DISTRICT CONSENT FOR THE RELEASE OF STUDENT INFORMATION

I hereby grant authorization to Lyon County School District to allow the party listed below access to my child's educational records and progress through Infinite Campus. It is my understanding that the party to whom the educational information is released may not disclose that information to any other party without my written consent. I understand that unless revoked earlier, this consent will remain in effect until June 30 of the current school year.

Grade _____

Please print Student Information:

LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH

The purpose of this release is described below and may not be used for any other purpose without additional consent.

Check the following educational records that may be accessed through LCSD's student information system:

<input checked="" type="checkbox"/>	ASSIGNMENTS	<input checked="" type="checkbox"/>	GRADES	<input checked="" type="checkbox"/>	BEHAVIOR
<input checked="" type="checkbox"/>	SCHEDULE	<input checked="" type="checkbox"/>	ASSESSMENTS	<input checked="" type="checkbox"/>	TRANSCRIPTS
<input checked="" type="checkbox"/>	REPORTS	<input checked="" type="checkbox"/>	ATTENDANCE		OTHER:
<input checked="" type="checkbox"/>	FAMILY CONTACT INFORMATION		HEALTH		OTHER:

Yerington Paiute Tribe

NAME OF INDIVIDUAL AND PROGRAM TO RECEIVE INFORMATION

171 Campbell Lane Yerington, NV 89447

ADDRESS

lconway@ypt-nsn.gov

EMAIL OF CONTACT PERSON AT PROGRAM

Parent/Guardian Signature

DATE

Parent/Guardian Signature

DATE

Lyon County School District Office Use Only:

Records provided on: _____ to: _____

Date Name of Individual Employee Initials