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REQUEST FOR RELEASE OF STUDENT RECORDS

Please forward all cumulative records, health file or any other pertinent data concerning:

Name of Student	
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Date of Birth

To: **Ile Omode School 8924 Holly Street** Oakland, CA 94621 Office (510) 632.8230

Fax (510) 632.1286

	Rea	uested	d By/	Title
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Date

1st Request _____

2nd Request _____

Parental permission no longer required when records are requested by authorized school personnel (Family Educational Rights and Privacy Act, Final Rule on Education Records, Federal Register, June 17, 1976 Vol. 41. 41, No. 113, page 24673)



Ile Omode House of the Children

8924 Holly Street Oakland, Ca 94603 (510) 632-8230 [office] (510) 632-1286 [fax] http://www.ileomode.org