



2200 M Avenue | Anacortes, WA 98221 | Phone 360-503-1200 | Fax 360-503-1201 | [www.asd103.org](http://www.asd103.org)

Form No. 3231-F

**Anacortes School District**  
**Student Authorization of Records Release**  
**to a Prospective Employer**

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

Employer Name \_\_\_\_\_

Employer Contact Person \_\_\_\_\_

Date of Request \_\_\_\_\_

☐ The student is currently enrolled in the Anacortes School District

☐ The student is no longer enrolled in the Anacortes School District

Last date of enrollment in the Anacortes School District: \_\_\_\_\_

The student has agreed to authorize AHS to release the following records to the prospective employer named above.

☐ All Records

☐ Academic Progress Records/Transcript

☐ Discipline Records

☐ Attendance Records

☐ Health Records

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Guardian Signature \_\_\_\_\_  
(if the student is under 18 years of age at date of request)

Date \_\_\_\_\_