



# LITTLE EARTH SCHOOL

FOUNDED 1978

## Parent Authorization for Release of School Records

In accordance with the Family Educational Rights Act of 1974 and New Mexico Law, I hereby authorize the release to Little Earth School ALL records regarding the student named below, including grades, health records and psychological, social, educational or developmental information, including IEPs. I further authorize personnel of the school named below to speak with representatives of Little Earth School to discuss any and all information regarding my child.

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

Student's Name \_\_\_\_\_

DOB \_\_\_\_\_ Grade \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Please send records to: Little Earth School  
321 West Zia Road  
Santa Fe, NM 87505**

**Phone: 505-988-1968  
FAX: 505-988-5993**