



TULE RIVER TRIBAL COUNCIL TULE RIVER EDUCATION DEPARTMENT

STUDENT RELEASE FORM

I, THE UNDERSIGNED, DO HEREBY AUTHORIZE THE RELEASE OF INFORMATION TO THE TULE RIVER INDIAN EDUCATION DEPARTMENT. THE EDUCATION DEPARTMENT IS REQUESTING THE INFORMATION FROM THE CUMULATIVE FOLDER AND EDUCATIONAL EVALUATION(S) REGARDING THE PUPIL NAMED BELOW. THESE FILES WILL BE USED TO DETERMINE THE ATTENDANCE AND ACADEMIC STATUS OF THE STUDENT.

IN ACCORDANCE WITH THE FAMILY EDUCATIONAL RIGHT AND PRIVACY ACT OF 1974, AND APPLICABLE STATE LAW(S), THE AFOREMENTIONED RECORDS WILL BE KEPT CONFIDENTIAL.

STUDENT NAME _____

DATE OF BIRTH _____ GRADE _____

SCHOOL NAME _____

ADDRESS _____

CITY, STATE _____ ZIP _____

It is the responsibility of the parents/guardians to notify the Tule River Education Department of any changes in school or contact information.

PARENT/GUARDIAN NAME (please print)

PARENT/GUARDIAN SIGNATURE

DATE

310 N. Reservation Road
Porterville, Ca. 93257
Telephone: (559) 784-6135 Fax: (559) 783-8140

568 W. Olive
Porterville, Ca. 93257
Telephone: (559) 781-1761 Fax: (559) 781-1922



**TULE RIVER EDUCATION DEPARTMENT
TULE RIVER TRIBAL COUNCIL
Student Contact Form**

Student Full Name: _____

Date of Birth: _____ Sex: M/ F Grade: _____ School _____

Student Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian (please print) * If there are any court orders/custody agreements copy must be provided.

Mother Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact phone #: _____ Message #: _____

Living in home with Student _____ Custody of Student: Yes _____ No _____

Father Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact phone #: _____ Message #: _____

Living in home with Student _____ Custody of Student: Yes _____ No _____

___ Mail information to both parents separately. ___ Mail information only to _____

Guardian(s) Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact phone #: _____ Message #: _____

Date of guardianship _____ *Please provide copy of guardianship

Parent/Guardian Signature

Date

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TULE RIVER INDIAN TRIBE OF CALIFORNIA

TULE RIVER EDUCATION REVIEW BOARD

By signing this form, you acknowledge receipt of the Attendance and Academic Contractual Agreement, Student Contact Form, Student Release Form, Special Needs Status Request (if necessary), and the GRAO. These documents provide the Education Department and the Tule River Education Review Board (TRERB) with the necessary information to help monitor your student's Attendance and Academic progress. We encourage you review and complete all documents carefully and sign. Failure to complete and sign will result in your student's distribution being directly deposited into their trust fund.

I fully understand and acknowledge receipt of the following documents:

- Attendance and Academic Contractual Agreement
- Student Contact information
- Student Release Form
- Special Needs Request (if applicable)
- GRAO

Signature: _____
(Students Name)

Date: _____

Signature: _____
(Parent / Guardian)

Date: _____

CC: TRERB File
Student File

Education Department
310 N. Reservation Road
Porterville, Ca. 93257
Telephone: (559) 784-6135 Fax: (559) 783-8140

Study Center
568 W. Olive
Porterville, Ca. 93257
Telephone: (559) 781-1761 Fax: (559) 781-1922