

**PERMISSION FOR THE TRANSFER AND/OR RELEASE OF
CONFIDENTIAL EMPLOYEE INFORMATION**

I, _____ employee of Faith 46-2 Public School, request that the
(Name)
following part of the above employee's records

be made available to _____ for the purpose of
(Name)

Date Signature

Please send me a copy of the records released at the following address:

Name _____

Address _____

City, State, Zip _____

Enclosed is \$ _____ for reproduction and mailing.