



Authorization for School Records

Universal School ♦ 1957 Genesee Street Buffalo, NY 14211 ♦ Phone: (716) 597- 0102 ♦ Fax: (716) 954 - 2253

Entered Date: _____

School Year: ____/____

Child(ren)'s Full Name:

- _____
- _____
- _____

I, _____ authorize Universal School to request all documents and records
(Parent Name)
relative to my child(ren).

Child(ren)'s Previous School:

(if one or more child attended a different school than the one listed below, please submit another form for each child)

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Parent/Legal Guardian Signature: _____ **Date:** _____

Parent/Legal Guardian Signature: _____ Date: _____