

Pechanga Tribal Government

P.O. Box 1477 • Temecula, CA 92593 • Telephone (951) 770-6000

Release of Students Records

Must be signed by Parents/Guardian

Information Release: I hereby permit the staff of my child's education provider, to disclose and discuss my student's information to a representative of the Pechanga Indian Reservation. This includes access to my son/daughter's academic recorders, current transcripts, schedule of classes, attendance records and progress reports as deemed necessary from my child's school. If electronic information is available please fill in the appropriate line below to allow Pechanga Indian Reservation to access information for your child.

STUDENT 1 INFORMATION:

Student's Name:		DOB:	
Name of School:		School Phone #:	
Teacher Name:	Teacher Phone #	Teacher Email Address	
	ONLINE SCHOOL	INFORMATION	
Website:	Login:	Password:	
TUDENT 2 INFORMAT	TION:		
Student's Name:		DOB:	
Name of School:		School Phone #:	
Teacher Name:	Teacher Phone #	Teacher Email Address	
	ONLINE SCHOOL	INFORMATION	
Website:	Login:	Password:	
TUDENT 3 INFORMAT	TION:	I	
Student's Name:		DOB:	
Name of School:		School Phone #:	
Teacher Name:	Teacher Phone #	Teacher Email Address	
	ONLINE SCHOOL	INFORMATION	
Website:	Login:	Password:	
understand this informat	ion will be kept confidential by the Pe	changa Tribal Government employees.	
Parent/ Guardian Signa	ture		