

# WASATCH

COUNTY SCHOOL DISTRICT

## GRAMA – Consent for the Release of Information to a Third Party

I, \_\_\_\_\_  
(Name of Individual authorizing release)

authorize \_\_\_\_\_  
(Name of county agency holding the record)

to release the following information: (description of records or documents)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

to \_\_\_\_\_  
(Name of individual receiving the record)

I am the subject of the record.

I am the legal representative of the subject of the record. (Documentation attached).

Other: \_\_\_\_\_

I understand that these records are restricted under state privacy laws and cannot be disclosed without my written consent. A notarized release shall not be dated more than ninety (90) days before the request is made.

\_\_\_\_\_  
(Signature of individual authorizing release)

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

State of Utah

)

County of

) ss.

)

By \_\_\_\_\_  
Notary Public, State of Utah

Residing at

\_\_\_\_\_  
My commission expires (expiration date)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

by \_\_\_\_\_, known by me to be the person named above.