

**CERTIFICATION FOR RELEASE OF STUDENT RECORD INFORMATION
TO JUVENILE JUSTICE SERVICE PROVIDER**

I, _____, work for _____, a
juvenile justice service provider.

I do hereby certify as follows:

1. I am seeking confidential student record information for _____,
a CCISD student at _____ School, concerning
the juvenile justice system in order to effectively serve the student whose records are
requested.
2. I shall not disclose the confidential student record information I receive from Clear
Creek Independent School District to any third party, except as provided by law
without the prior written consent of the parent of the student.
3. I will use the confidential information released to me by CCISD only to provide
delinquency prevention or treatment services to the student.

Name (Signature)

Date

Name (Printed)

Date