

Request and Consent for Release of Records

_____ Authorizes the release of the records of
Parent/Guardian Name _____

Student's Last Name First Name Mid. Initial Birthdate Mo/Day/Yr

From the Following School/Institution:

Most Recent School/Institution _____

Address _____

City, State, Zip Code _____

Telephone No. _____ Fax No. _____

The following records may be released. Please check.

- Transcript of subjects and grades
- Ohio Proficiency Test Results
- Attendance Record
- Standardized Test Results
- Psychological or Other Individual Test Results
- Health Records
- IEP and Special Education Records, If Applicable
- Disciplinary Records

The education records designated should be released and disclosed only to [name and address of recipient]

The education records designated are to be disclosed for the following reasons and purposes:

I am authorizing the release of these records for these reasons. Please check one.

- I am the subject of these records and 18 years of age or older.
- I am the parent, guardian, or custodian of the subject of these records and the subject is under 18 years of age.

If this consent had been requested by me, I understand that I have the right not to consent to the release of records. Further, I recognize that a copy of the records must, upon request, be provided to me.

Signature of Parent/Guardian _____

Date _____

REQUEST FOR RECORDS

To the Registrar:

Please send the above records, if available for this student as soon as possible. If records are not available, please return our request indicating the following:

- No records available. Reason: _____
- Unable to find records. Reason: _____

The undersigned certifies that the above-captioned Request and Consent for Release of Records was complied with on _____ (Date) by _____ (mail) or personal delivery _____ to _____.

Sincerely, _____
School Registrar

_____ Date