

PARENT/STUDENT CONSENT FOR RECORD RELEASE

TO: _____ RE: _____
(SCHOOL) (NAME OF STUDENT)

_____ AGE _____ BIRTHDATE _____
(SCHOOL ADDRESS)

_____ DATE _____
(CITY/STATE/ZIP)

A. You are authorized to release the records listed below for the above named student to: (if self, own name and address)

Roosevelt Elementary 410 W. Seventh St. McDonald, OH 44437
(school) (address) (city/state/zip)

B. Specific records requested:

_____ All personally identifiable data on file.

_____ The following records only: _____

C. Reason for request:

_____ To aid in present and future educational decisions.

Other: PLEASE TRANSFER THE STUDENT TO ROOSEVELT ELEMENTARY
SCHOOL FOR THE 2021-22 SCHOOL YEAR.

_____ (date)

_____ (signature of parent)

FOR OFFICE USE ONLY:

Date Data Released _____ by _____

Date Copies Mailed _____ by _____