



Student Third Party Permission to Release Records

I, _____ authorize the release of records for
Please Print Name of Parent/Guardian and/or Student 18 yrs of age

Student's Last Name Student's First Name

Student's Birthdate ____/____/____
(month/date/year-xx-xx-xxxx)

Current grade

From the following school/institution:

Most Recent School of Attendance _____

Address, city, state, zip code

(____) _____ - _____ (____) _____ - _____
Building/District Phone Number Fax Number

The following records* requested to be released:

- | | |
|---|--|
| Transcript of subjects and grades | Ohio Achievement and Graduation Test Results |
| Attendance Records/Discipline Records | Standardized Test Results |
| Psychological and/or Other Individualized Test Results | Gifted Assessments |
| 504 Plan | Health/Immunization Records |
| English Language Proficiency Assessments | School Medicaid Billing Consent Form |
| Special Education Records, including but not limited to IEP,ETR,MFE, and Behavior Plan | |

**Records that cannot be withheld due to non-payment of fees/obligations: State test scores, Individualized Educational Program (IEP), IEP progress reports, Multifactor Evaluation (MFE) and/or Education Evaluation Report, Immunization records.*

Release of records to:
New School _____

Address, City, State, Zip Code

Telephone Number Fax Number

I am authorizing the release of records (check one)

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

I do not give consent to release the following records: _____

Signature of person giving consent _____ Date: _____

Agency Representative:

Records sent to building indicated above on Date: _____

Method used (please circle all that apply) Email Fax Interoffice Mail

Person Sending Records Signature: _____