

Parent/Guardian/Student Consent for Records Release

One form completed for each student

Date of Request: _____ Date Record Sent or picked up: _____

Student's Full Name (at time of enrollment): _____

Date of Birth: _____ Maiden Name _____ Phone No. _____

Address: _____

City, State, Zip: _____

Current Grade (if applicable) _____ Current School (if applicable) _____

**We are requesting the following information/records for the student listed:
(check appropriate box(es):)**

- Most recent Multi-Factored Evaluation (MFE) (including any medical information relevant to the education of this student)
- Most recent Individualized Educational Program (IEP) and EMIS form (including any medical information relevant to the education of this student)
- Test Scores/Proficiency Scores Health and Immunization information
- Grades/Credits Earned/High School Transcript
Name Used at Graduation: _____ Date of Graduation: _____
OR Last grade completed in Tiffin School District and last year attended _____
- Judgment entry/Custody Documents
- The following records only: (please specify)

Reason for Request - Please list name and address where information is to be sent

- Changing School Districts _____
- College Entrance _____
- Employment _____
- Information to be sent to non-custodian parent (name) _____
(address) _____
- Other: (please specify) _____

With the understanding that the district cannot assume responsibility for the confidentiality of educational information disclosed, I authorize you to release educational information regarding the student named above in the manner indicated.

Signature of Parent/Guardian/Student _____ Relationship to student _____ Date _____

Address _____ City, State, Zip _____

Proper I.D. or notarized

5-14-07

FORM MUST BE NOTARIZED IF NOT PICKED UP IN COLUMBIAN HIGH SCHOOL OFFICE. MAIL BACK TO COLUMBIAN HIGH SCHOOL, 300 SOUTH MONROE ST., TIFFIN, OH 44883. PLEASE CALL COLUMBIAN AT 419-447-6331, IF YOU HAVE QUESTIONS. THANK YOU.