



Consent for Release of Student Records

2130 Hayes Ave. Sandusky Ohio 44870

You are authorized to release a copy of the records of:

Name _____ Social Security No. _____

Address _____
Street City State Zip Code

Home Phone _____ Cell Phone _____

Mail records to: _____

Also mail to: _____

Please release the following information:

- _____ All personally identifiable data
- _____ Attendance Record
- _____ Transcript of Grades
- _____ Standardized Test Scores
- _____ Other _____

Student's Signature _____ Date _____

Or

Parent's Signature _____ Date _____

(Required of all students under 18 years of age)

For Office Use Only	
_____	Date Mailed
_____	Initials