



Sandusky City Schools

Sandusky Career Center

2130 Hayes Avenue, Sandusky, OH 44870-4740 • 419-625-9294 • www.sanduskycareercenter.org

CONSENT FOR RELEASE OF STUDENT RECORDS

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

Full Name (First, Middle Initial, Last) _____

Maiden or Former Name(s) _____

Home Phone _____ Daytime Phone _____ Alternate Phone _____

Home Address _____
Street City State Zip+4

Birth Date _____ - _____ - _____ Social Security Number _____
Month Day Year

~~A \$5.00 fee* for each records request is payable by cash or money order prior to processing for all former students. Current students and this year's graduates are exempt.~~ (Effective 08-24-2012) All financial obligations must be satisfied **before** the official records are released*. Processing Fee Included _____ Exempt _____

FERPA Notice: The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99)

Student's Signature (Mandatory for transcript release) _____ Date _____

Parent/Legal Guardian Signature _____ Date _____
(Required for all students under 18 years of age)

Mail Official Records To: (For additional mailing addresses use back of this form)

1. Name/Organization: _____

Complete Address: _____

City, State, Zip: _____

2. Name/Organization: _____

Complete Address: _____

City, State, Zip: _____

Please release the following information:

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

*Board Policy JO-R, Fees for Copies of Records, When a fee represents an unusual hardship, it may be waived, in part or entirely, by the records custodian.

Office Use Only: Date received _____ Date Processed _____ Processed by _____