



Sandusky City Schools

407 Decatur Street ♦ Sandusky, OH 44870 ♦ 419-626-6940

CONSENT FOR RELEASE OF STUDENT RECORDS

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

Pupil's Name _____ Grade _____

Date of Birth _____ Last school year of attendance _____

Send to:

Adams Middle School
318 Columbus Avenue
____ Sandusky OH 44870-2616

Sandusky High School
c/o Guidance Department
2130 Hayes Avenue
____ Sandusky OH 44870-4740

Please release the following information:

- _____ All personally identifiable data
- _____ Attendance Record
- _____ Transcript of grades
- _____ Standardized test scores
- _____ Health/Immunization record
- _____ Psychological Reports (IEP, MFE, Parent consent, etc.)
- _____ Birth Certificate
- _____ SSID Number (Ohio school systems only)
- _____ Other _____

Student Signature _____

or

Parent/Guardian Signature _____

(This signature is required of all students under 18 years of age.)

Date _____