

Release of Information

Dear Parent / Guardian:

Due to state and federal laws regarding the confidentiality of student records and evaluations, a school district must obtain the signature of the parent/ legal guardian before such information can be released to any other agency or school district.

Sincerely,

Sandy Lewis / Patty Gruszecki
Secretary

I grant permission for the release of educational evaluations, psychological and other reports, individualized educational plans, and / or any other school related data regarding my child.

Student Name: _____ Birthdate: _____

Age: _____ Sex: _____ Grade: _____

Address: _____

City: _____ Zip: _____

Parent/Guardian: _____ Telephone: _____

School / Agency Requesting Information:

Release to: **Southern Local Elementary School**
38095 State Route 39
Salineville, Ohio 43945
Telephone: 330-679-2343 ext. 4017 or 4018
Fax: 330-679-3004

School / Agency Releasing Information:

Release from: _____
(Name of School)

(Street Address)

_____, _____, _____
(City) (State) (Zip Code)

Date: _____ Parent/Guardian Signature: _____