

Parent/Guardian/Student Consent for Records Release

Date of request: _____ Date record sent or picked up: _____

Student's full name: _____ Name when enrolled: _____

Date of birth: _____ Phone number: _____

Address, City, State, Zip: _____

Current grade (if applicable): _____ Current school (if applicable): _____

**We are requesting the following information/records for the above student:
(check applicable items):**

- Most recent Multi-Factored Evaluation (MFE), including any medical information relevant to the education of this student.
- Most recent Individualized Education Plan (IEP) and EMIS form, including any medical information relevant to the education of this student.
- Test Scores/Proficiency Scores
- Health/Immunization Records
- High School Transcript/Grades/Credits Earned; Year of Graduation _____
OR last grade completed/last year attended TCS _____
- Judgment entry/Custody documents
- Records related to excessive tardiness/absenteeism (HB410)
- 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-custodial 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 09/18/2017

Form must be notarized if not picked up in Columbian High School Office. Mail back to Columbian High School, 300 S. Monroe St., Tiffin, OH 44883. Please call Columbian at 419-447-6331 if you have questions. Thank you.