

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: _____ Birth date: ____ / ____ / ____

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: 330-679-0281 or 330-679-2301 #4017 or #4018
Fax: 330-679-3004

School / Agency Releasing Information:

Release from: Name _____

Address _____

City / Zip _____

Telephone # _____

Fax # _____

Date: ____ / ____ / ____ Parent / Guardian Signature: _____