

# 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

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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: \_\_\_\_\_