



Consent For Records Release

(Information Released/Exchanged From and To) **Re:** _____
(student name)

(street address) **Age:** _____ **Birthdate:** _____

(Information Released/Exchanged To and From) _____
(street address)

(Agency/School District) _____
(City, State, Zip Code)

We are requesting the following information/records for the above-named student:

- All personally identifiable data on file.
- The following records only: (please specify)

Reason for request: (please check)

- To aid in making present and future educational decisions.
- 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 above-named student in the manner indicated.

(Date)

(Signature of parent/guardian or student, if 18 or older)

(Address)

(City, State, Zip Code)

NOTICE: This information has been disclosed protected by Federal confidentiality rules (42 CFR, Part 2, Sec. 2.31 of PL-93-282) and/or Ohio law (O.R.C. 5122.31; O.A.C. 5122-27-09). The Federal rules and Ohio law prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or is otherwise permitted by 42 CFR, Part 2 and Ohio law. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

REVOCAION OF CONSENT: I revoke the authorization as stated above and as such no further information will be released.

to Revoke Consent) _____ (Signature of Person Authorized
(Date and Time)