



Dublin City School District
IRN #047027

Operations
8330 F4a
Revised 12/20/19

Parent Consent for Record Release Form

I am the parent/guardian of _____ whose age is _____ and date of birth is _____ (print).

I authorize the following school/agency to release my child's records listed below to the school/agency indicated:

School/Agency to send student records: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

School/Agency to receive student records: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Reason for request: _____

Specific records to be released:

- | | |
|--|--|
| <input type="checkbox"/> Grades to date of withdrawal | <input type="checkbox"/> Standardized test scores |
| <input type="checkbox"/> Official administration records (name, birth date, grade level completed, grades and attendance record) | <input type="checkbox"/> Intelligence test scores |
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Medical records including shot record |
| Current year's attendance hours: _____ | <input type="checkbox"/> Psychological report |
| Total excused absence hours: _____ | <input type="checkbox"/> Individualized Education Plan (IEP) |
| Total unexcused absence hours: _____ | <input type="checkbox"/> Evaluation Team Report |
| Sending District IRN: _____ | <input type="checkbox"/> State of Ohio SSID # |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Ongoing communication |

Parent Signature: _____

_____ Mother _____ Father _____ Guardian Date: _____

FOR SCHOOL USE ONLY:

Enrollment (start) date: _____

Date received: _____

Date released: _____

Date copies made (if not waived): _____

By: _____

By: _____

By: _____