

**PARENT/GUARDIAN/STUDENT
CONSENT FOR RECORDS RELEASE**

TO: _____ RE: _____
(Street Address) (Student Name)

(City, State, Zip Code) AGE: _____ BIRTHDATE: _____

FROM: _____
(Name) *The Tomorrow Center* _____
(Agency/School District) _____
3700 Co. Rd. 168 _____
(Street Address) _____
Cardington, OH 43315 _____
(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)

FOR OFFICE USE ONLY

Date Data Released _____ by _____

Date Copies Mailed _____ by _____