



The Tomorrow Center - 3700 County Road 168 - Cardington, Ohio 43315

Parent/Guardian/Student Consent for Disclosure and Exchange of Records and Other Personally Identifiable Information with Another School District

To: _____ (the "School District")

Student's Name: _____ (the "Student")

Address: _____ Age: _____ Birthdate: _____

Student's date of enrollment at the Tomorrow Center _____

I authorize the following records to be provided to the Tomorrow Center for the Student:

- All records and personally-identifiable data and information on file.
- Birth Certificate Immunization Records Custody/Court Documents
- Individualized Education Plan Evaluation Team Report FN 9th Grade Start Date
- High School End of Course Test Results Either Point Value 1-5 or in the 100's
- Medical Records/Information if applicable Transcript Current Courses with Grades
- Other _____

I authorize and give consent to the Tomorrow Center (and its individual members, designees, employees, and agents) to **disclose and discuss** educational records and personally identifiable information pertaining to the Student with the School District, and to **receive and discuss** records and personally identifiable information pertaining to the Student with the School District. I understand that matters that may be discussed include, but are not limited to: academic performance, attendance, behavior, discipline, special education, and transportation.

The purpose of this Consent is to further the Tomorrow Center's education of the Student. I expressly consent to the release of the records and information designated above. This Consent (unless revoked in writing earlier) is valid for one calendar year from the date it is signed.

Name: _____ (Parent/Guardian or Student if 18 older)

Signature: _____ Date: _____