



6451 Center Street
Mentor, OH 44060

CONSENT FOR RECORDS RELEASE

STUDENT: _____ AGE: _____ BIRTHDATE: _____

To (New School):

(Name)

(Street Address)

(Agency/School District)

(City, State, Zip Code)

FROM (Old School):

(Name)

(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 or student, if 18 or older)

(Address)

(City, State, Zip Code)