



Consent for Student Record Release

Date _____ Student Name _____ Birthdate _____ Age _____

Address _____ City _____ State _____ Zip _____

Sex M F Grade _____

Requesting Records From: _____
Name Address City, State, Zip Fax Number

You are authorized to release the records listed below for the above-named student to: (if self, give own name and address)

- Jackson High School
Attn: Student Services
7600 Fulton Dr NW
Massillon, OH 44646
Ph: 330-837-3501
Fx: 330-834-4662
- Jackson Memorial Middle School
Attn: Student Services
7355 Mudbrook St NW
Massillon, OH 44646
Ph: 330-830-8034
Fx: 330-830-8068
- Amherst Elementary
8750 Jane Street NW
Massillon, OH 44646
Ph: 330-830-8024
Fx: 330-830-8071
- Lake Cable Elementary
5335 Villa Padova Dr NW
Canton, OH 44718
Ph: 330-834-4673
Fx: 330-834-4528
- Sauder Elementary
7503 Mudbrook St NW
Massillon, OH 44646
Ph: 330-830-8028
Fx: 330-830-8032
- Strausser Elementary
8646 Strausser St NW
Massillon, OH 44646
Ph: 330-830-8056
Fx: 330-834-4656
- Other:

School, Agency, Physician, etc.

Address

City, State, Zip

If there is an IEP or other special services for this student, please FAX that information as soon as possible.

Specific data to be released: (please check)

All school records or check individual items below:

- attendance records
- current IEP
- birth certificate
- social security number
- retention/placement
- health/immunization record
- intervention plan/504 plan
- medical
- current grade/progress report
- test scores
- transcript
- psychological/multifaceted evaluation
- Other: _____

Reason for request: (please check)

- Transfer Student
- Other: _____

With the understanding that the district cannot assume responsibility for confidentiality of educational information disclosed, I authorize you to release educational information regarding the student named above in the manner indicated.

Signature of parent/guardian*

Date

If transferring schools – new address

City, State, Zip

For Foster Families Only:

To facilitate the school enrollment of the student named above, I authorize the County Department of Human Services to request the information be forwarded immediately to the named educational facility. Please note: The County Department of Human Services may be contacted to arrange any necessary payment for delinquent school fees and/or fees incurred for the loss of damage of school materials in order to facilitate the timely release of the requested information.

Signature of agency representative

Date

FOR OFFICE USE ONLY	
Date Data Released _____	by _____ <small>(Name/Position)</small>
Date Copied Mailed _____	by _____ <small>(Name/Position)</small>