

JACKSON HIGH SCHOOL
Guidance Department
7600 Fulton Rd., N.W.
Massillon, Ohio 44646

REVIEW AND/OR DISCLOSURE OF RECORDS TO THIRD PARTY

Date of Request _____

Re: Student Name _____ D.O.B. _____

Maiden Name _____ Year Graduated _____

Send Records to: (give complete address)

Note: Additional request can be listed on the back.
Specification of records to reviewed or information disclosed:

Transcript of Academic Grades

Attendance Records

_____ Other: _____

Purpose of the disclosure:

I consent to the review of and/or disclosure of information from the records listed herein by the person/agency named above, and fully understand that this school district cannot assume responsibility for the confidentiality of the information disclosed.

Signature _____

Date of Consent _____

DO NOT WRITE IN THIS SPACE – FOR SCHOOL USE ONLY

Date copies were released _____ by _____