

# Tiffin City Schools

244 South Monroe Street  
Tiffin, Ohio 44883

Phone: (419) 447-2515

Fax: (419) 448-5202

## Parent/Guardian/Student Consent for Records Release

### One form completed for each student

Date of Request: \_\_\_\_\_ Date Record Sent or picked up: \_\_\_\_\_

Student's Full Name (at time of enrollment): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Current Grade (if applicable) \_\_\_\_\_ Current School (if applicable) \_\_\_\_\_

### We are requesting the following information/records for the student listed: (check appropriate box(es):)

- Most recent Multi-Factored Evaluation (MFE) (including any medical information relevant to the education of this student)
- Most recent Individualized Educational Program (IEP) and EMIS form (including any medical information relevant to the education of this student)
- Test Scores/Proficiency Scores     Health and Immunization information
- Grades/Credits Earned/High School Transcript  
Name Used at Graduation: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_  
**OR** Last grade completed in Tiffin School District and last year attended \_\_\_\_\_
- Judgment entry/Custody Documents
- The following records only: (please specify)  
\_\_\_\_\_

### Reason for Request - Please list name and address where information is to be sent

- Changing School Districts \_\_\_\_\_
- College Entrance \_\_\_\_\_
- Employment \_\_\_\_\_
- Information to be sent to non-custodian parent (name) \_\_\_\_\_  
(address) \_\_\_\_\_
- 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 student named above in the manner indicated.

Signature of Parent/Guardian/Student \_\_\_\_\_ Relationship to student \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Proper I.D. or notarized