

Copies: Records Control Officer  
Student File  
Parent

CN-308

## PARENT/GUARDIAN/STUDENT CONSENT FOR RECORDS RELEASE

Records Requested for:

\_\_\_\_\_  
(School Name) RE: \_\_\_\_\_

\_\_\_\_\_  
(Street Address) AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

\_\_\_\_\_  
(City, State, Zip )

\_\_\_\_\_  
(Phone or Fax Number)

Records Requested FROM: TORONTO CITY SCHOOLS  
KARAFFA ELEMENTARY SCHOOL  
1307 DENNIS WAY Phone 740-537-2471  
TORONTO, OHIO 43964 Fax 740-537-5144

We are requesting the following information/records for the above-named student:

- Birth Certificate
- Social Security Card
- Immunization Records
- Academic Progress thru this date \_\_\_\_\_
- Any and all pertinent educational records (IEP, ETR, 504 etc.)
- Any information that will aid in making present and future educational decisions.

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/guardian of student)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip Code)

DATE DATA RELEASED \_\_\_\_\_  
DATE COPIES MAILED \_\_\_\_\_

BY \_\_\_\_\_  
BY \_\_\_\_\_