

Consent for Release of Information

STUDENT _____ BIRTHDATE _____

SCHOOL _____ GRADE _____ LAST DAY IN ATTENDANCE _____

ADDRESS _____ PHONE _____

(check one)

- As the parent or legal guardian of the above-named child
- Being 18 years of age

I hereby authorize the Sheffield-Sheffield Lake Schools to release Pupil Personnel Services/Special Education records (IEP, IIP, MFE) to the following:

PERSON/AGENCY _____

ADDRESS _____

CITY/STATE/ZIP _____

With the understanding that the district cannot assume responsibility for the confidentiality of educational information disclosed, I authorize you on _____ (date) to release information.

_____ (Signature of parent / guardian / self)

_____ (Address)

_____ (City, State, Zip Code)

_____ (Phone)

_____ (E-mail)