



# CUYAHOGA FALLS CITY SCHOOLS

## PARENT/GUARDIAN/STUDENT CONSENT FOR RECORDS RELEASE and/or WITHDRAW

Student: \_\_\_\_\_ Student's last day: \_\_\_\_\_

(Home address) \_\_\_\_\_ new?  Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

### **Send records to:**

\_\_\_\_\_  
(Name)

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

The following information/records for the above-named student may be disclosed:

- All personally identifiable data on file.
- The following records only: (please specify)

\_\_\_\_\_  
\_\_\_\_\_

Purpose for disclosure: (please check)

- To aid in making present and future educational decisions.
- Other: (please specify)

\_\_\_\_\_  
\_\_\_\_\_

- Moved into new school District
- Child attending new school on Open Enrollment

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.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of parent/guardian/student)

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

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

FOR OFFICE USE ONLY	
Date Request originated _____ by _____	(Name/Position)
Date Copies Mailed/Faxed/E-mail _____ by _____	(Name/Position)
Withdraw entered in database <input type="checkbox"/>	