



600 South Dixie Drive
Vandalia, Ohio 45377
Guidance Phone- (937) 415-6309
Guidance Fax – (937) 415-6457

Student Name _____
Last Name First Name M.I. Maiden Name

Date of Birth _____ Phone: _____

Year student graduated:

Or

Last year student attended:

I hereby authorize Vandalia-Butler City Schools to release information to:

Name

Address

Records to be released:

- _____ Educational
- _____ Health
- _____ Medical
- _____ Speech and Hearing
- _____ Psychological
- _____ Other _____
- _____
- _____

*Signature of parent/guardian/student**

*(Student must be 18 years old or older)

Date

IMPORTANT: Under no circumstance should the receiving school district or agency to whom Vandalia-Butler City Schools releases a student’s records, provide copies to another school district or agency without the written consent of the parent(s), legal guardian(s), or the student of legal age.

FOR OFFICE USE ONLY

Date Mailed/Released _____ *By:* _____

