

NORTHMONT CITY SCHOOLS
District IRN: 048728

OFFICIAL CONSENT FOR RECORDS RELEASE

Student's Name _____ DOB: _____ Grade: _____

I hereby authorize: _____
 (Previous School District)

 (Street Address)

 (City, State, Zip Code)
 Phone: _____ FAX: _____

We are requesting the following information/records for the above named student:
 _____ All personally identifiable data on file.
 _____ The following records only: _____

Purpose of the Request:
 _____ To aid in making present and future educational decisions.
 _____ Other: _____

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.

 (Parent/Guardian/*Student – 18 years or older) _____
 (Street Address)

 (Date) _____
 (City, State, Zip Code)

*****SCHOOL USE ONLY*****

PLEASE PROVIDE THE FOLLOWING INFORMATION AND INCLUDE A COPY OF THIS COMPLETED REQUEST WITH RECORDS.

NORTHMONT CITY SCHOOLS DISTRICT ENROLLMENT DATE _____
 STUDENT'S SSID NUMBER _____

PREVIOUS DISTRICT IRN _____ PREVIOUS DISTRICT WITHDRAWAL DATE _____

RECORDS CAN BE FAXED TO:
 1-937-832-5001
 Attn: Director of
 Student Services

RECORDS CAN BE MAILED TO:
 Northmont City Schools
 4001 Old Salem Road
 Englewood, Ohio 45322

Attn: Director of Student Services
 For Office Use Only

Records Requested	Date	By	Fax	Mail
1 st Request				
2 nd Request				
3 rd Request				