

Westerville City Schools

Guerdie Glass, Director
Office of Special Education

936 Eastwind Drive, Westerville, OH 43081
Main Office (614) 797-5900 Fax (614) 797-5901

PARENT / GUARDIAN / STUDENT CONSENT FOR RELEASE OF INFORMATION

Student _____ Birthdate _____ Age _____

We are requesting the release of the following information and records for above named student:

- Evaluation Team Report (ETR)
- Medical Report
- Other (please specify):
- Educational Planning Report
- Individualized Education Program (IEP)
- All personally identifiable data on file
- Consent for open communication between relevant school personnel and the independent resource listed below

The following records only:

Reason for the request:

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

Please release records:

- From Westerville City Schools
- To Office of Special Education
936 Eastwind Drive
Westerville, Ohio 43081
Phone (614) 797-5900
Fax (614) 797-5901

- From Name _____
- To Agency _____
Address _____
City, State, Zip _____

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With the understanding that the district cannot assume responsibility for the confidentiality of educational information disclosed, I authorize you to release information regarding the above named student in the manner indicated.

Parent / Guardian / Student

Signature _____

Address _____

City, State,
Zip _____

Date _____