



Dublin City School District

Students  
5113.02 F2  
Adopted 10/1/09

## Authorization for the Release of Supplemental Educational Services Information

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_

I **grant my permission** for Dublin City Schools to:

RELEASE INFORMATION TO and/or  RECEIVE INFORMATION FROM

the following for the purpose of Supplemental Educational Services tutoring.

Name of Person and/or Agency/Vendor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Specific Information to be Disclosed:

Grade 3-5 Ohio Reading Achievement Test Scores

Achievement Test Scores

Reading and/or Math Assessments included in the student record

Pertinent IEP information (if applicable)

Other: \_\_\_\_\_

I understand the reasons for the release of this information and have been informed of known benefits and disadvantages associated with said release. Such information will not be re-released by Dublin City Schools without my written consent. I further understand that I may refuse or withdraw in writing this consent at anytime. I give my consent freely and voluntarily.

**Date of Expiration:** One year from date of signature.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_ Mother    \_\_\_\_ Father    \_\_\_\_ Guardian

Time \_\_\_\_\_ AM/PM