



Dublin City School District
IRN #047027

Operations
8330 F4a
Revised 9/30/26

Parent Consent for Record Release Form

I am the parent/guardian of _____ whose age is _____ and date
(print)
of birth is _____.

I authorize the following school/agency to release my child's records listed below to the school/agency indicated:

School/Agency to send student records: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

School/Agency to receive student records: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Reason for request: _____

Specific records to be released:

- ☐ Grades to date of withdrawal
- ☐ Official administration records (name, birth date, grade level completed, grades and attendance record)
- ☐ Attendance
 - Current year's attendance hours: _____
 - Total excused absence hours: _____
 - Total unexcused absence hours: _____
 - Sending District IRN: _____
- ☐ Other: _____

- ☐ Standardized test scores
- ☐ Intelligence test scores
- ☐ Medical records including shot record
- ☐ Psychological report
- ☐ Individualized Education Plan (IEP)
- ☐ Evaluation Team Report
- ☐ State of Ohio SSID #
- ☐ Ongoing communication

Parent signature: _____

By typing your name above, you agree that your typed signature is the legal equivalent of your manual signature on this form. You may also print, hand-sign, and return this form if you prefer.

☐ Mother ☐ Father ☐ Guardian Date: _____

FOR SCHOOL USE ONLY:

Enrollment (start) date: _____

Date received: _____

Date released: _____

Date copies made (if not waived): _____

By: _____

By: _____

By: _____