

Morrow County School District

Code: JO-FORM
Adopted: 5/13/02
Readopted: 5/12/03
Orig. Code(s): 5150 AR

Permission to Release Personally Identifiable Information

I hereby give my permission to \_\_\_\_\_
(Name of school, agency or person)

\_\_\_\_\_, to release the following information from the education records of

(Student's Name) (Birth Date) (Grade)

for educational planning/appropriate placement purposes.

INFORMATION REQUESTED: (Please state education records that may be released.)

(Parent of Eligible Student Signature) (Address) (Phone)

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PLEASE RETURN RECORDS TO:

\_\_\_\_\_,
(Person or agency)

\_\_\_\_\_,
(Address)

\_\_\_\_\_,
(Title)