

PARENT/GUARDIAN/STUDENT CONSENT FOR RECORDS RELEASE

Mail to: _____

From: Milford Exempted Village School District
777 Garfield Ave
Milford, OH 45150
Phone: 513-831-1314 Fax: 513-831-3208

Student Name at Graduation or Withdrawal: _____

Year of Graduation or Withdrawal: _____ Date of Birth: _____

I am requesting the following information/records for the above named student:

- Transcript
- ACT/SAT
- Immunization Records
- AP Test Scores
- Other

Please check reason for request:

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

With the understanding that Milford Exempted Village School 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.

Date

Signature of parent/guardian/student

Home Address

City, State, Zip Code

For Office Use Only

Date Copies Released: _____ By: _____
Name/Position

Date Copies Mailed: _____ By: _____
Name/Position