



CONSENT FOR RECORDS RELEASE FORM

MAIL: _____

Milford Exempted Village School District
1099 State Route 131
Milford, OH 45150
513-831-1314
513-965-6159 (fax)

FAX: _____

EMAIL: _____

STUDENT NAME AT GRADUATION OR WITHDRAWAL: _____

YEAR OF GRADUATION: _____ OR YEAR OF WITHDRAWAL: _____

DATE OF BIRTH: _____

I AM REQUESTING THE FOLLOWING INFORMATION/RECORDS FOR THE ABOVE NAMED STUDENT:

- Transcript
- Immunization Records
- Other (Please Specify): _____

PLEASE CHECK THE REASON (BELOW) FOR YOUR REQUEST:

- To aid in making present and future educational decisions
- Employment
- Other (Please Specify): _____

With the understanding that the 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

PHONE NUMBER

For office use only:

DATE COPIES RELEASED: _____

BY: _____

NAME/POSITION

- MAILED
- FAXED
- EMAILED