

PARENT/GUARDIAN/STUDENT CONSENT FOR RECORDS RELEASE

Mail to: _____

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

Student name at graduation or withdrawal: _____

Year of graduation or withdrawal: _____ Date of birth: _____

Student Social Security Number (Last Four Digits Only!): xxx-xx-_____

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

- Transcript
- ACT/SAT
- Immunization Records
- Other (Please specify) _____

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

Phone number

For office use only

Date copies released: _____

By: _____
Name/position

Date copies mailed: _____

By: _____
Name/position