



Milford Exempted Village School District
Administrative Offices
1099 State Route 131
Milford, Ohio 45150

CONSENT FOR RECORDS RELEASE

STUDENT INFORMATION

Student name at the time of graduation / withdrawal: _____

Year of graduation: _____ OR year of withdrawal: _____

Student date of birth: _____

RECORD TO BE RELEASED

- Transcript
Immunization Records
Other (Please Specify): _____

REASON FOR REQUEST

- Education Related
Employment Related
Other (Please Specify): _____

RELEASE METHOD

- MAIL: _____
EMAIL: _____
FAX: _____

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. I understand that requests can take up to three business days to be processed from the date of receipt.

SIGNATURE OF STUDENT _____ DATE _____
HOME ADDRESS _____
CITY, STATE, ZIP _____
PHONE NUMBER _____

For office use only:

DATE COPIES RELEASED: _____ BY: _____

- MAILED EMAILED FAXED

NAME/POSITION