

**PARENT/GUARDIAN CONSENT
FOR STUDENT RECORDS RELEASE**

TO: _____

Phone: _____
Fax: _____

FROM: Oak Grove Christian School
535 BF Goodrich Rd.
Marietta, OH 45750
Phone: 740.336.5041
Fax: 740.336.5041 (Call ahead)

RE: _____ AGE: _____ BIRTHDATE: _____

We are: requesting releasing requesting consultation the following information/records for the above-named student:

All personally identifiable data on file.

The following records only:

Cumulative folder data (immunizations, report cards, custody papers, birth certificate)

Evaluation Team Report (ETR) / Individual Education Plan (IEP)

Reason for request:

To aid in making present and future educational decisions.

Other:

The student named above is transferring to Oak Grove Christian School.

With the understanding that Oak Grove Christian School cannot assume responsibility for the confidentiality of information disclosed, I authorize you to release information regarding the above-named student in the manner indicated, to assist us in making educational decisions.

Date: _____

(parent/guardian signature) _____

(street address) _____

(city, state, zip code) _____

(email) _____