

Phone: (419) 447-2515
Fax: (419) 448-5202

Tiffin City Schools
244 South Monroe St.
Tiffin, Ohio 44883

IRN# 044891F

Parent/Guardian/Student Consent for Records Release

Date of request: _____ Date record sent or picked up: _____

Student's full name: _____ Name when enrolled: _____

Date of birth: _____ Phone number: _____

City, State, Zip: _____

Current grade (if applicable): _____ Current school (if applicable): _____

**We are requesting the following information/records for the above student:
(check applicable items):**

- Most recent Multi-Factored Evaluation (MFE), including any medical information relevant to the education of this student.
- Most recent Individualized Education Plan (IEP) and EMIS form, including any medical information relevant to the education of this student.
- Test Scores/Proficiency Scores
- Health/Immunization Records
- High School Transcript/Grades/Credits Earned; Year of Graduation _____
OR last grade completed/last year attended TCS _____
- Judgment entry/Custody documents
- Records related to excessive tardiness/absenteeism (HB410)
- The following records only: (please specify) _____

Reason for Request- Please list name and address where information is to be sent.

- Changing school districts _____
- College entrance _____
- Employment _____
- Information to be sent to non-custodial parent (name) _____
(Address) _____
- Other (please specify) _____

With the understanding that the 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.

Signature of Parent/Guardian/Student _____ Relationship to Student _____ Date _____

Address _____ City, State, Zip _____

- Proper I.D. or Notarized

09/18/2017