



# Auglaize County Educational Service Center

Shawn Brown, Superintendent

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[www.auglaizeesc.org](http://www.auglaizeesc.org)

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Wapakoneta, OH 45895

## PARENT/GUARDIAN/STUDENT CONSENT FOR RECORDS RELEASE

CN-308

**TO:** \_\_\_\_\_

(Street Address)

(City, State, Zip Code)

**RE:** \_\_\_\_\_

(Student Name)

AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

**FROM:**

(Name)

(Agency/School District)

(Phone)

(Street Address)

(City, State, Zip Code)

(Fax)

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

- All personally identifiable data on file.
- The following records only: (please specify)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for request: (please check)

- To aid in making present and future educational decisions.
- 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 above-named student in the manner indicated.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of parent/guardian or student, if 18 or older)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip Code)