

**KENT CITY SCHOOL
CONSENT FOR RELEASE OF STUDENT INFORMATION AND/OR RECORDS**

This form authorizes the Kent City Schools to share information regarding a student with a person and/or organization who is not:

- Named as a parent on the student's birth certificate.
- Appointed as a court ordered legal guardian of the student.

For example, please complete this form if:

- A stepparent, grandparent, friend, or other relative may attend parent-teacher conferences or other school meetings/conferences regarding the student.
- A teacher may complete an evaluation of a student for a medical professional.
- A teacher may talk to an outside counselor about a student.
- The school may send an outside counselor copies of students grades/progress reports.

(The above are just examples of uses for this form and are not meant to be all inclusive.)

Student Name: _____ Date of Birth: _____

Address: _____

I hereby authorize the Kent City Schools to provide information to the following regarding the above names student:

Name of Person and/or Organization to Receive Information

Address including City, State, and Zip Code

Home Telephone Number

Additional Telephone Number

The above named person and/or organization is authorized to: (Please check all that apply)

_____ Attend Parent-Teacher Conferences and/or disciplinary meetings.

_____ Receive any student educational information orally and/or written.

_____ View school record, but not receive copies.

_____ Receive only the following information:

I understand this authorization is valid until a written notification is received to revoke:

_____ Date _____ Signature of parent/guardian/student* (Student must be 18 year old or older)

_____ Address

FOR OFFICE USE ONLY

Date Release Received _____ by _____

Name/Position