



Pickerington Local School District AUTHORIZATION TO RELEASE RECORDS

- | | |
|---|---|
| <input type="checkbox"/> Pickerington High School Central | <input type="checkbox"/> Pickerington High School North |
| <input type="checkbox"/> Ridgeview Jr. High | <input type="checkbox"/> Lakeview Jr. High |
| <input type="checkbox"/> Diley Middle School | <input type="checkbox"/> Harmon Middle School |
| <input type="checkbox"/> Toll Gate Middle School | <input type="checkbox"/> Fairfield Elementary |
| <input type="checkbox"/> Heritage Elementary | <input type="checkbox"/> Pickerington Elementary |
| <input type="checkbox"/> Sycamore Creek Elementary | <input type="checkbox"/> Toll Gate Elementary |
| <input type="checkbox"/> Tussing Elementary | <input type="checkbox"/> Violet Elementary |

Student Name _____ D.O.B. _____

I, _____, hereby authorize the schools of Pickerington
Parent/Guardian Name
Local School District to release/receive copies of the student records (including, but
not limited to, any IEP, medical, academic, psychological, or other educationally
significant information) of my minor child, _____, to:

RECIPIENT _____
Recipient Name

Recipient Address

Recipient Phone

Recipient Fax

This authorization is intended to comply with the requirements of the Family
Educational Rights and Privacy Acts (20 USCS 1232g) and Section 3319.321 of the
Ohio Revised Code.

Parent/Guardian Signature

Parent/Guardian Printed Name

Date

FOR EMPLOYEE USE ONLY:

Employee Signature

Employee Printed Name

Receiving Records Sending Records _____
Date