



Parent/Guardian/Student Consent for Record Release

Lebanon City Schools Central Office
700 Holbrook Avenue
Lebanon, Ohio 45036
Phone (513) 934-5770 Fax (513) 932-5906

Name of Person Requesting: _____
(Parent/Guardian/Student-must be 18 yrs.)

Address: _____

Phone Number: _____

Name of Student: _____

Birthdate: _____

Age: _____

Specific Data to Be Released:

_____ Grade or Transcripts Only

_____ All Data on File

Reason for Request:

_____ In Order to Aid in Present and Future Educational Decisions

_____ Other

If Other, Please State: _____

Signature: _____ Date: _____

(Signature of Parent/Guardian/Student)

Student Must Be 18 Years of Age or Older

~FOR OFFICE USE ONLY~

Date Released: _____ By: _____

Date Copies Mailed: _____ By: _____

****MAIL OR FAX BACK WITH COPY OF A VALID DRIVER'S LICENSE****