



# Parent/Guardian/Student Consent for Records Release

Lebanon City Schools Central Office

160 Miller Road

Lebanon, OH 45036

Phone (513) 934-5700

Fax (513) 933-2103

Name of Person Requesting: \_\_\_\_\_

(Parent/Guardian/Student – must be 18 yrs.)

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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 Data Released: \_\_\_\_\_ By: \_\_\_\_\_

Date Copies Mailed: \_\_\_\_\_ By: \_\_\_\_\_

**\*\*MUST PRESENT A VALID DRIVER'S LICENSE TO OBTAIN RECORDS\*\***