

OLMSTED FALLS SCHOOL DISTRICT

PARENT CONSENT FORM RELEASE OF PERSONALLY IDENTIFIABLE DATA

OUTGOING

RE: \_\_\_\_\_  
(NAME OF STUDENT)

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

SCHOOL IN OLMSTED FALLS: \_\_\_\_\_ GRADE: \_\_\_\_\_

ADDRESS IN OLMSTED FALLS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE IN OLMSTED FALLS: \_\_\_\_\_

NAME OF PARENT/GUARDIAN: \_\_\_\_\_

The Olmsted Falls School District is hereby authorized to release the specific personally identifiable data (listed below) concerning my child (ward), named above to:

\_\_\_\_\_  
(School, Person or Agency)

\_\_\_\_\_  
(Address of School, Person or Agency to whom data is to be released)

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

For the purpose of \_\_\_\_\_

Signature: \_\_\_\_\_  
(Parent or Guardian) (Date)

\* \_\_\_\_\_  
(New Address)

\* \_\_\_\_\_  
(New Telephone Number)

\*Provide your new address and telephone number only if you are moving out of Olmsted Falls.

DATA TO BE RELEASED

State Student Identification Number \_\_\_\_\_

- Health/Immunization Records
- Speech, Language and/or Hearing
- Educational and other School Records
- Psychological
- IEP
- Medical for Special Education Placement