

BRADFORD HIGH SCHOOL

PARENT/GUARDIAN-STUDENT CONSENT FOR RECORD RELEASE

TO: _____ RE: _____
School Records Department Name of Student

School Address Grade Date of Birth

City/State/Zip Date

YOU ARE AUTHORIZED TO RELEASE THE RECORDS LISTED BELOW FOR THE ABOVE NAMED STUDENT TO:

GUIDANCE COUNSELOR
BRADFORD HIGH SCHOOL
750 RAILROAD AVE.
BRADFORD, OH 45308
PHONE: 937-448-2719
FAX: 937-448-2742

SPECIFIC DATA TO BE RELEASED (CHECK THOSE APPLICABLE):

- _____ ALL ACADEMIC DATA ON FILE (GRADES, CREDITS, GRADE POINT AVERAGE, CLASS RANK, DATES OF ENROLLMENT, ETC.)
- _____ ALL HEALTH RECORDS
- _____ ALL PROFICIENCY TEST DATA
- _____ OTHER DATA (PSYCHOLOGICAL TESTING, IEP'S, ACHIEVEMENT TEST SCORES, MFE'S, ETC.)
- _____ ATTENDANCE RECORDS

THANK YOU FOR YOUR COOPERATION.

Signature of School Official Position

Signature of Parent/Guardian or Student* Date

*STUDENT MUST BE 18 YEARS OR OLDER.

DATE DATA RELEASED _____ BY _____