

# 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 \_\_\_\_\_