



3040 Kemp Road • Beavercreek, OH 45431 • www.gocreek.org

Phone: (937) 426-1522 Fax: (937) 429-7517

District IRN Number 047241

CONSENT FOR RELEASE OF RECORDS

IDENTIFYING INFO

Student Name	Age	Birthdate	Grade (if applicable)
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Requesting/Releasing School/Office

Beavercreek City Schools/Pupil Services
3040 Kemp Road
Beavercreek, OH 45431

Pupil Services Contact: **Peggy Mangan**
Pupil Services Contact Number: (937) 458-2424
Pupil Services Fax Number: (937) 458-2432
Pupil Services Contact Email: peggy.mangan@gocreek.org

Please release all appropriate past and present academic, required state testing, discipline, medical, confidential and special education records (including ETR (psychological information), IEP, etc.) on the student named above.
Specific record: _____

Reason for Request/Release:

- To aid in making present and future education decisions
- Move/Transfer
- College
- Other as specified** _____

SECTION 1

Release Records to/from either Third Party or Parent/Guardian/Student. Check Below:

THIRD PARTY

Name of Third Party (School, Dr., etc.)	Attention:
Address	City/State/Zip Code
E-Mail Address	Fax Number

PARENT/GUARDIAN/STUDENT

SECTION 2

With the understanding that the district cannot assume responsibility for the confidentiality of the educational information disclosed, I hereby authorize you to release the records listed above.

Signature (Parent/Guardian/Student)	Date	Telephone Number
Address	City/State	Zip Code

OFFICE USE ONLY:

➤ Records Sent By: Mail Fax Email Hand Carried by Parent/Guardian/Student

➤ Released By: _____
Name Date