



# Perry Local Schools

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## PERMISSION FOR RELEASE OF RECORDS

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby give my permission for the records of \_\_\_\_\_  
birth date \_\_\_\_\_, to be sent to the address indicated below.

Please send the following records:

- \_\_\_\_\_ All personally identifiable data
- \_\_\_\_\_ Transcript/Cumulative File
- \_\_\_\_\_ Attendance Record
- \_\_\_\_\_ Test Scores
- \_\_\_\_\_ Health Record
- \_\_\_\_\_ Psychological Reports (including IEP, Multifactorial  
Evaluation Team Report, and Parent Consent for Evaluation)
- \_\_\_\_\_ SS ID number
- \_\_\_\_\_ Other Records: (Please Specify)

\_\_\_\_\_  
\_\_\_\_\_

I understand, as a parent or guardian, that I have access to all pertinent information in the student record file.

\_\_\_\_\_  
(Signature of Parent, or Student if 18 years old) (Date)

Please mail the above records to the following address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**FOR OFFICE USE ONLY**

Date Records Requested \_\_\_\_\_ by \_\_\_\_\_

Date Records Mailed \_\_\_\_\_ by \_\_\_\_\_