

BROOKVILLE HIGH SCHOOL
Guidance Department
1 Blue Pride Drive
Brookville, Ohio 45309
Phone: (937) 833-6761 / Fax: (937) 833-6302

PERMISSION TO RELEASE SCHOOL RECORDS

Student Name: _____ Student Date of Birth: _____

Parent/Guardian Name: _____ Parent Phone: H: _____

C: _____

New Address: _____ Email: _____

City: _____ State: _____ Zip: _____ Graduation Year: _____

In compliance with Public Law 93-380, I hereby authorize **Brookville High School** to release school records to:

SCHOOL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

FAX #: _____

Records are released for the following reason: _____

Signature

Relationship to Student

Date

<p>Please select the items you wish to release:</p> <ul style="list-style-type: none"><input type="checkbox"/> Scholastic Records including transcript, credits, etc.<input type="checkbox"/> Medical/Immunization Records<input type="checkbox"/> Standardized Test Records<input type="checkbox"/> Attendance<input type="checkbox"/> Psychological Records<input type="checkbox"/> Birth Certificate<input type="checkbox"/> Custody Papers
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IMPORTANT: Outstanding fees need to be paid in full prior to release of academic records. Under no circumstances should the receiving school district or agency to which Brookville High School releases a student's records, release those records to another school district or agency without the written consent of the parent(s), legal guardian(s), or legal age student.

Rev. 8/2014

Contact Date _____

Contact Date _____

Contact Date _____