



ROCKY RIVER CITY SCHOOL DISTRICT

**CONSENT FOR SHARING OF STUDENT INFORMATION**

STUDENT'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PARENT/GUARDIAN'S NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

As the parent or legal guardian of the above named child, I authorize the Rocky River Board of Education to share information from the following records. I have been advised that I have a right to request a hearing to review and to discuss the contents of these records.

**OR**

Being 18 years of age, I hereby authorize the Rocky River Board of Education to share information pertaining to the following records. I have been advised that I have a right to request a hearing to review and to discuss the contents of these records.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Signature of Student

**CHECK ONE OR MORE:**

- 1. \_\_\_\_\_ Directory Information
- 2. \_\_\_\_\_ Permanent/Cumulative Record
- 3. \_\_\_\_\_ Health Records
- 4. \_\_\_\_\_ Pupil Services Documentation *(check all that apply)*     IEP/Psych     IAT     504     ELL     Gifted
- 5. \_\_\_\_\_ Other \_\_\_\_\_

**RECORDS SHOULD BE RELEASED TO/SHARED WITH:**

School/Institution/Employer/Person/Agency \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Reason for Request: \_\_\_\_\_ To collaborate with school personnel in educational programming and decisions  
\_\_\_\_\_ Other \_\_\_\_\_

**FOR SCHOOL USE ONLY:** DATE RECEIVED \_\_\_\_\_ BY \_\_\_\_\_ TITLE \_\_\_\_\_

ORIGINAL – INSTITUTION • YELLOW – PERMANENT RECORD • PINK – PARENT