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.

_____
Parent or Guardian Signature

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.

_____
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 _____

INFORMATION SHOULD BE 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

2019