

John Glenn School Corporation School



101 John Glenn Drive • Walkerton, Indiana 46574

CONSENT FOR THE RELEASE/OBTAIN OF INFORMATION

Student Name: _____

Grade: _____ Date of Birth: _____

Parent/Guardian's Name: _____

I authorize the John Glenn School Corporation to release/obtain/communicate with:

Name: _____

Address: _____

Title: _____

Phone Number: _____

Fax Number: _____

Please select the information you would like released.

- Academic records
- Special education records
- Assessments and recommendations by the above-named person or agency
- Verbal communication
- Medical records
- Other (please specify) _____

All information is confidential.

Date: _____ Parent/Guardian Signature: _____

School releasing/obtaining information: _____