



Pickerington Local School District
AUTHORIZATION TO RELEASE RECORDS

- ___ Pickerington High School Central
___ Ridgeview Jr. High
___ Diley Middle School
___ Toll Gate Middle School
___ Heritage Elementary
___ Sycamore Creek Elementary
___ Tussing Elementary
___ Pickerington High School North
___ Lakeview Jr. High
___ Harmon Middle School
___ Fairfield Elementary
___ Pickerington Elementary
___ Toll Gate Elementary
___ Violet Elementary

Student Name _____ D.O.B. _____

I, _____, hereby authorize the schools of Pickerington Local School District to release/receive copies of the student records (including, but not limited to, any IEP, medical, academic, psychological, or other educationally significant information) of my minor child, _____, to/from: _____

This authorization is intended to comply with the requirements of the Family Educational Rights and Privacy Acts (20 USCS 1232g) and Section 3319.321 of the Ohio Revised Code.

Parent/Guardian Signature _____ Parent/Guardian Printed Name _____
Date _____

FOR EMPLOYEE USE ONLY:
Employee Signature _____ Employee Printed Name _____
___ Receiving Records ___ Sending Records _____ Date _____