



Chad Carter,
Principal

Dayle Ritter,
Guidance Counselor

CONSENT FOR RELEASE OF STUDENT RECORDS

NAME OF STUDENT _____ GRADE _____

BIRTHDATE _____

SCHOOL LAST ENROLLED _____

ADDRESS OF SCHOOL _____

Release records to: **McCormick Junior High School**
325 Ohio Street
Huron, OH 44839
Phone: 419-433-1234, extension 2
FAX: 419-433-8427

Signature of Parent/Guardian / Date Signature of School Official

Please send cumulative records including Individualized Education Plan (IEP), Evaluation Team Report (ETR), intelligence and standardized test results, health records, attendance records, birth certificate, social security number, and any other pertinent information to McCormick Junior High School.

Records released by authorization of this release will not be released to another person or out-of-district school or agency than the one listed above without the written consent of the parent, guardian or school official.

Date mailed or faxed: