

BENJAMIN LOGAN LOCAL SCHOOL DISTRICT
Phone: 937-593-9211
Fax: 937-599-4059

RELEASE OF STUDENT RECORDS

This form is provided by the Benjamin Logan Board of Education for the purpose of obtaining consent from legal guardian or student (if 18 or older) for the release of student records.

Name of Student: _____ Date of Birth _____

Address: _____

I hereby authorize release of the following records concerning the above named student:

RECORDS:

SEND TO:

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Reason for release: _____

(Date)

(Signature of student if 18 or older, or guardian.
Guardian must state relationship to above student.)

FOR SCHOOL USE ONLY

Date received: _____ By: _____

Date copies sent : _____ By: _____