

**WALNUT TOWNSHIP SCHOOL DISTRICT
PARENT CONSENT FOR RECORD RELEASE**

To: School _____

Address _____

City _____

I am the parent/legal guardian of _____

who is _____ years old and whose date of birth is _____

When she/he last attended your school she/he was in the _____ grade.

You are authorized to release the following records and data:

- _____ SSID #
- _____ Official administrative records
- _____ Medical / immunization records
- _____ OAT scores
- _____ Special Education records (EMIS pages, current IEP, ETR-multi factored team
team evaluation)
- _____ Other _____

Status of enrollment in Walnut Township

- | | |
|---------------------------|-----------------------|
| _____ Moved into district | _____ Open Enrollment |
| _____ Court Placement | _____ Parent Employee |

Send records to:

**Millersport Elementary School
11850 Lancaster Street
Millersport, Ohio 43046
[740] 467-2216
Fax: [740] 467-3494**

Parent/Guardian Signature

Date

For Office Use Only

Date Mailed _____