

Medina County Career Center

1101 West Liberty Street Medina, Ohio 44256 330-725-8461 AVerroca@mcjvs.edu

RELEASE OF INFORMATION CONSENT FORM

Studen	t Name:	_ Grade:	Date of Birth:			
Course of Study:		_ Years Attend	ears Attended:			
Please	check all that apply regarding this request:					
	Academic Records					
	Attendance Records					
	Discipline Records					
	Special Education Records					
	Assessments and Recommendations by the person or agency named below.					
	Other (please specify)	_				
	Please mail to:					
Name Ti				Affiliation		
Str	reet Address					
Ci	ty State	Zi	p Code	Telephone/FAX		
	☐ Pick-up at the Medina County Career Center (Photo Identification Required)					
that all	y authorize the Medina County Career Center to release information is confidential and will not be released an. I also understand that all financial obligations to cords or transcripts will be released.	d without writ	ten permis	sion from the par	ent or lega	
Parent/Guardian Signature or Student Signature		_		 Date of Reque	 st	