



Kirtland Local Schools
 9252 Chillicothe Road Kirtland, OH 44094
 Phone: (440) 256-3311
 Fax: (440) 256-3831

Authorization To Communicate With Outside Agencies/Individuals

STUDENT INFORMATION

Student Name	Date of Birth	Grade
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Address	City	State	Zip Code
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DESCRIPTION OF PERSONALLY IDENTIFIABLE INFORMATION TO BE DISCLOSED

Check the following personally identifiable information and records you are authorizing to be disclosed:

- Academic Information
- Behavioral/Mental Health Information
- Medical Information
- Other: _____

DESCRIPTION OF PERSONS OR ENTITY AUTHORIZED TO RECEIVE INFORMATION

The District has my permission to communicate with and release the information and records described above to:

Company/Agency/Office

Address	City	State	Zip Code
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PURPOSE OF THIS AUTHORIZATION

The purpose of this information is to aid in making present and future:

- Educational decisions
- Medical decisions
- Other: _____

EXPIRATION AND REVOCATION

This authorization may be revoked at any time except to the extent that the District has already released personally identifiable information prior to the revocation of this authorization. Requests for revocation must be in writing. To revoke the authorization, contact Kirtland Local Schools. If not revoked, this authorization will expire one year after the date on which the authorization is signed.

SIGNATURE AND ACKNOWLEDGEMENT

By signing below, I authorize the release of personally identifiable information and records from the agency listed above to The Kirtland Local School District.

Parent Signature	Date
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