



600 South Dixie Drive  
Vandalia, Ohio 45377  
Guidance Phone- (937) 415-6309  
Guidance Fax – (937) 415-6457

Student Name \_\_\_\_\_  
Last Name First Name M.I. Maiden Name

Date of Birth \_\_\_\_\_ Phone: \_\_\_\_\_

Year student graduated:

Or

Last year student attended:

\_\_\_\_\_

\_\_\_\_\_

I hereby authorize Vandalia-Butler City Schools to release information to:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_

\_\_\_\_\_

**Records to be released:**

- \_\_\_\_\_ Educational
- \_\_\_\_\_ Health
- \_\_\_\_\_ Medical
- \_\_\_\_\_ Speech and Hearing
- \_\_\_\_\_ Psychological
- \_\_\_\_\_ Other \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

\_\_\_\_\_  
*Signature of parent/guardian/student\**  
\*(Student must be 18 years old or older)

\_\_\_\_\_  
*Date*

**IMPORTANT:** Under no circumstance should the receiving school district or agency to whom Vandalia-Butler City Schools releases a student’s records, provide copies to another school district or agency without the written consent of the parent(s), legal guardian(s), or the student of legal age.

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**FOR OFFICE USE ONLY**

*Date Mailed/Released* \_\_\_\_\_ *By:* \_\_\_\_\_

