OFFICIAL RELEASE OF RECORDS/COLLEGE RELEASE FORM

VANDALIA-BUTLER
CITY SCHOOLS

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

Student Name_____

Date of Birth_____ Social Security Number_____

Year student graduated: _____

Or

Last year student attended: _____

I hereby authorize Vandalia-Butler City Schools to release records to any ***college, job opportunity*** or ***military service.***

For Guidance Office Use Only

Released to:	***Date:***	***Records to be released:***
		__X__ Educational
		_____ Other _____

_____
Signature of parent/guardian/student*

_____
Date

*(Student must be 18 years old or older)

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.