

CONSENT FOR RELEASE OF INFORMATION\_Chippewa Local School District



Caitlin Schrock  
Director of Student Services  
Department of Special Education  
Chippewa Local School District  
56 North Portage Street  
Doylestown Ohio, 44230

I, \_\_\_\_\_, give permission to Chippewa Local School District to  
Parent/Guardian/Adult Student  
consult with the individuals and/or agencies below to obtain information concerning:

\_\_\_\_\_, DOB \_\_\_\_\_  
Student Name

Information requested:

- Psychological evaluation, academic progress, standardized assessment results
- Social history and counseling record
- Health and medical information
- Other \_\_\_\_\_

Individual/Agencies included in release:

1. \_\_\_\_\_ Address: \_\_\_\_\_
2. \_\_\_\_\_ Address: \_\_\_\_\_
3. \_\_\_\_\_ Address: \_\_\_\_\_

Reasons for release of information: \_\_\_\_\_  
\_\_\_\_\_

Chippewa Local School Personnel sending/receiving information:

- Caity Schrock, Director of Student Services
- Kasey Starr, School Psychologist
- Other: \_\_\_\_\_

Parent/Guardian/Adult Student Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_