



AUTHORIZATION FOR RELEASE OF SCHOOL INFORMATION
JAC-CEN-DEL ELEMENTARY
4544 N US 421
OSGOOD, IN 47037

I, _____ (Parent/Guardian), hereby give permission
to release school records for _____ (Student's name).

Please send a complete record for the student listed below.

Student's Name: _____ Grade: _____

Student's Date of Birth: _____ Sex: M/F

Previous School Attended Including Address: _____

Please include the following:

- | | |
|---------------------------------------|------------------------------------|
| ___ Attendance and Discipline Records | ___ Placement Information |
| ___ Current Schedule/Grades | ___ Standardized Assessment Scores |
| ___ Health Records | ___ Transcript Grades |
| ___ IEP/Psychological records | |

Please email records to fwagner@jaccendel.k12.in.us

Or send to:

Jac-Cen-Del Elementary School
Attn: Flora Wagner
4544 North US 421
Osgood, IN 47037

Phone: 812-689-4144 ext 3250
Fax: 812-689-5909