

**Dayton SMART Elementary**  
District IRN: 014149

**OFFICIAL CONSENT FOR RELEASE OF RECORDS**

**STUDENT'S NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

I hereby authorize: \_\_\_\_\_

(Previous School District)

(Street Address)

(City, State, Zip Code)

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

We are requesting the following information/records for the above named student:

All personally identifiable data on file.

The following records only: \_\_\_\_\_

With the understanding that the district cannot assume responsibility for the confidentiality of educational information disclosed, I authorize you to release educational information regarding the student named above in the manner indicated.

\_\_\_\_\_  
(Parent/Guardian)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(City, State, Zip Code)

**SCHOOL USE ONLY**

**PLEASE PROVIDE THE FOLLOWING INFORMATION AND INCLUDE A COPY OF THIS COMPLETED REQUEST FORM WITH RECORDS.**

**DSBA ENROLLMENT DATE:** \_\_\_\_\_

**STUDENT'S SSID NUMBER:** \_\_\_\_\_

**PREVIOUS DISTRICT IRN:** \_\_\_\_\_ **PREVIOUS DISTRICT WITHDRAWAL DATE:** \_\_\_\_\_

**RECORDS CAN BE FAXED TO:**  
937-222-2594  
Attn: Office Manager

**RECORDS CAN BE MAILED TO:**  
Dayton SMART Elementary  
601 S. Keowee St.  
Dayton, OH 45410  
Attn: Office Manager

**FOR OFFICE USE ONLY**

Records requested	Date	By	Fax	Mail
1 <sup>st</sup> Request				
2 <sup>nd</sup> Request				
3 <sup>rd</sup> Request				