

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:

**Records to be released:**

\_\_\_\_\_  
Name

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

\_\_\_\_\_  
Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*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:* \_\_\_\_\_