

OTTAWA-GLANDORF SCHOOLS

RELEASE
STUDENT INFORMATION

School Year _____

STUDENT DATA

Date _____

Student's Name _____

School Building _____ Grade _____

Name of Parent or Guardian _____

Address _____

PARENT CONSENT

I hereby release information on my child, _____,

on this date, _____, to the Superintendent of Ottawa-Glandorf

Schools. Address: 630 Glendale Avenue
 Ottawa, OH 45875
 Phone: 419-523-5261
 Fax: 419-523-5978

Signature of Parent/Guardian _____ *Date* _____

INFORMATION FROM

Name _____

Address _____
