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***DEVELOPING CHARACTER VALUES FOR LIFE***

33 BARNETT STREET  
DAYTON, OHIO 45402-8206

**AUTHORIZATION FOR RELEASE OF  
INFORMATION**

I hereby grant permission for release of information regarding my child's academic record and history to Dakota Center, Inc.

School: \_\_\_\_\_

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

The purpose of this release of information is to provide academic data for program planning, research, and individualized intervention.

I specify that this release includes access to (please check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Current and Past Grades                  | <input type="checkbox"/> Conferences with School Personnel Regarding Academic Behavior |
| <input type="checkbox"/> Intelligence and Achievement Test Scores | <input type="checkbox"/> Psychological Testing   |
| <input type="checkbox"/> Disciplinary Actions                     | <input type="checkbox"/> Proficiency Testing Information                               |
| <input type="checkbox"/> Attendance Records                       |  |

I direct that all information obtained in association with this release be held in strict confidence by the recipient and is not to be further disclosed without my specific written authorization. I understand that this authorization shall remain in effect for one year from the date of my signature below. I understand also that I may withdraw this authorization at any time by written notification to the parties involved.

Full name of student: \_\_\_\_\_

