

**LUCAS LOCAL SCHOOL DISTRICT  
PARENTAL CONSENT FOR RECORD RELEASE**

TO

I am the parent/legal guardian of

whose age is  years and date of birth is

**You are authorized to release the records listed below to:**

Name

Address

City  State  Zip Code

Reason for Request

**NOTE: If the reason is to transfer the student to another school district, the student must properly withdraw from Lucas Local School District before any records will be released**

SPECIFIC RECORDS/  
DATA TO BE  
RELEASED

DATE \_\_\_\_\_ SIGNATURE OF PARENT/LEGAL GUARDIAN \_\_\_\_\_

**NEW ADDRESS**

Name

Address

City  State  Zip Code

County

**FOR SCHOOL USE ONLY**

DATE RECIEVED \_\_\_\_\_

BY: \_\_\_\_\_

DATE DATA  
RELEASED \_\_\_\_\_

BY: \_\_\_\_\_