

**MENTOR PUBLIC SCHOOLS
PUPIL INFORMATION RELEASE FORM
(PLEASE PRINT)**

Name _____ SS# _____
Last First MI (Maiden)

Address _____

_____ Yr. of graduation or Yr. last attended

I hereby authorize the Mentor Public Schools to forward the following information:

Circle YES or NO for each item

- | | | |
|---------------------------------------|-----|----|
| 1. Grades in courses | YES | NO |
| 2. Attendance | YES | NO |
| 3. Achievement test data | YES | NO |
| 4. Aptitude test data | YES | NO |
| 5. Mental ability data | YES | NO |
| 6. College entrance test data | YES | NO |
| 7. Character reference | YES | NO |
| 8. List of extracurricular activities | YES | NO |
| 9. Honors/Awards | YES | NO |
| 10. Health records | YES | NO |
| 11. Other (please specify) _____ | | |

I grant Mentor Public Schools permission to forward the above information for legitimate reasons:

- | | | |
|---------------------------------|-----|----|
| A. To colleges | YES | NO |
| B. To prospective employers | YES | NO |
| C. Other (please specify) _____ | | |

These records are to be forwarded to:

Name _____

Address _____

City _____ State _____ Zip _____

EXPIRATION DATE: Before a student reaches 18 years of age, this form must be signed by a parent. When a student reaches 18 years of age, he must sign a new form, designating the information he wishes released.

Date

8/5/77
Revised 8/29/00

Signature of Parent/Guardian or
Student 18 years of age