



# Worthington Schools

**Administrative Services**  
Melissa M. Conrath  
Superintendent  
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**TO:**

I hereby authorize the Worthington Schools to release/obtain pertinent information concerning:

**Name of Child:** \_\_\_\_\_

**Present School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

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

To be forwarded to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

This information may include medical, psychological, psychiatric and social data which might be helpful in our educational planning and in follow-up of any therapeutic measures. It is understood that this information will not be forwarded to any other person without parental consent.

**Parent or Guardian:** \_\_\_\_\_

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

**Relationship to Student:** \_\_\_\_\_

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