



18106 Cumberland Road  
Noblesville, IN 46060  
317-776-9828

## Consent to Release Student Educational Records

TO: \_\_\_\_\_  
(Name of School That Will Be Releasing Educational Records)

Please provide the teachers, at the Hamilton County Juvenile Detention Center, all educational records pertaining to \_\_\_\_\_ (name of student) currently enrolled in \_\_\_\_\_ (grade).

Information that is to be released under this consent includes:

- Transcript
- Class Schedule
- Homework Assignments
- Individual Education Plan (IEP)
- 504 Plan

Or, if no longer attending School:

Last grade completed: \_\_\_\_\_

Reason for Leaving School: \_\_\_\_\_

**Parent/Guardian Name (print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Student ID Number (if applicable):** \_\_\_\_\_

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