

CONFIDENTIAL INFORMATION

RELEASE OF PATRON HISTORY AUTHORIZATION FORM

The Liaison should complete this form for each patron history release requested.

PATRON NAME _____

BARCODE NO. _____

SCHOOL _____

DISTRICT _____

LIAISON _____

This form is authorization to release the past history usage for the above individual

as of _____ (date).

(Signature) Superintendent/Principal **

Printed Name of Superintendent/Principal

Date

**** *The signature of a Superintendent is required for public school districts.***

Please Mail or fax this form to:
LNOCA
C/o Educational Services Department
5700 West Canal Road
Valley View, OH 44125
216-520-6969 FAX

Release Information to:

Name

Title

District

Address

Email

FAX