



**AUTHORIZATION FOR RELEASE OF SCHOOL INFORMATION  
JAC-CEN-DEL ELEMENTARY SCHOOL  
4544 N US 421  
OSGOOD, IN 47037**

I, \_\_\_\_\_ (Parent/Guardian), hereby give permission  
to release school records for \_\_\_\_\_ (Student's name).

**Please send a complete record for the student listed below.**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_ Sex: **M/F**

Previous School Attended Including Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please include the following:**

Attendance and Discipline Records

Placement Information

Current Schedule/Grades

Standardized Assessment Scores

Health Records

Transcript Grades

IEP/Psychological records

Please email records to [fwagner@jaccendel.k12.in.us](mailto:fwagner@jaccendel.k12.in.us)

Or send to:

Jac-Cen-Del Elementary School  
Attn: Flora Wagner  
4544 North US 421  
Osgood, IN 47037

Phone: 812-689-4544 ext 3250

Fax: 812-689-5909