



AUTHORIZATION FOR RELEASE OF SCHOOL INFORMATION  
JAC-CEN-DEL HIGH SCHOOL  
4586 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 [ndrockelman@jaccendel.k12.in.us](mailto:ndrockelman@jaccendel.k12.in.us)

Or send to:

Jac-Cen-Del Jr. Sr. High School  
Attn: Nichole Drockelman, Registrar  
4586 North US 421  
Osgood, IN 47037

Phone: 812-689-4643 ext 2237  
Fax: 812-689-5632