

**MENTOR PUBLIC SCHOOLS  
PUPIL INFORMATION RELEASE FORM  
(PLEASE PRINT)**

Name \_\_\_\_\_ SS# \_\_\_\_\_  
Last First MI (Maiden)

Address \_\_\_\_\_

\_\_\_\_\_  
Yr. of graduation or Yr. last attended

**I hereby authorize the Mentor Public Schools to forward the following information:**

**Circle YES or NO for each item**

- |                                       |     |    |
|---------------------------------------|-----|----|
| 1. Grades in courses                  | YES | NO |
| 2. Attendance                         | YES | NO |
| 3. Achievement test data              | YES | NO |
| 4. Aptitude test data                 | YES | NO |
| 5. Mental ability data                | YES | NO |
| 6. College entrance test data         | YES | NO |
| 7. Character reference                | YES | NO |
| 8. List of extracurricular activities | YES | NO |
| 9. Honors/Awards                      | YES | NO |
| 10. Health records                    | YES | NO |
| 11. Other (please specify) _____      |     |    |

**I grant Mentor Public Schools permission to forward the above information for legitimate reasons:**

- |                                 |     |    |
|---------------------------------|-----|----|
| A. To colleges                  | YES | NO |
| B. To prospective employers     | YES | NO |
| C. Other (please specify) _____ |     |    |

**These records are to be forwarded to:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**EXPIRATION DATE: Before a student reaches 18 years of age, this form must be signed by a parent. When a student reaches 18 years of age, he must sign a new form, designating the information he wishes released.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian or  
Student 18 years of age