

**Release of Case Record
(To be Removed From School Property)**

Purpose: (What is the reason for this request)?

School the child attends _____

Guidance Counselor _____
PRINT & SIGN NAME

Person requesting to review _____
PRINT & SIGN NAME

Date the case was taken from the office _____

Was this case returned? Circle: Yes or No

Returned by who _____
PRINT & SIGN NAME

Other: _____
