

Ohio Graduation Tests (OGT)

**Permission to Release Student OGT Scores to
Joint Vocational School District**

I give permission to release Ohio Graduation Tests (OGT) scores for the student named below to _____.

This district will use these scores to determine whether the student needs to retake any parts of the OGT in order to fulfill Ohio state graduation requirements and to place the student in the appropriate classes. The student information will only be disclosed to school officials and authorized representatives. This district will not re-disclose the information.

Student's name: _____

Student's birthdate: _____

Date: _____

Signature (must be signed by parent/guardian if student is below age 18):

Printed name of person signing form