

**OAK HILL UNITED SCHOOL CORPORATION**  
**1474 N. 800 W. -27**  
**CONVERSE, INDIANA 46919**

**REQUEST/RELEASE OF INFORMATION**

I hereby give permission for release of medical, educational and psychological information:

**STUDENT:** \_\_\_\_\_ **DOB** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_

**Specific information/records requested:** \_\_\_\_\_

Please **check** school requesting/releasing information.

**FROM/TO**

**FROM/TO**

\_\_\_ **Oak Hill High School**  
Attn: Mike McDivitt  
7756 W. Delphi Pike-27  
Converse, IN 46919  
765/384-4381 (Ph) 765/384-5414 (fax)

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\_\_\_ **Oak Hill Junior High School**  
Attn: Greg Perkins  
7760 W. Delphi Pike-27  
Converse, IN 46919  
765/394-4381 (Ph) 765/384-4386 (fax)

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\_\_\_ **Swayzee Elementary School**  
Attn: Rob Martin  
405 S. Washington St.  
Swayzee, IN 46986  
765/922-7926 (Ph) 765/922-7927 (fax)

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\_\_\_ **Sweetser Elementary School**  
Attn: Nijaul Drollinger  
614 N. Main St.  
Sweetser, IN 46987  
765/384-4371 (Ph) 765/384-7217 (fax)

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\_\_\_ **Converse Elementary School**  
Attn: Valree Kinch  
600 E. Walnut St.  
Converse, IN 46919  
765/395-3560 (Ph) 765/395-7830 (fax)

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Signed: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip Code

Telephone Number