

**TEAM TOLEDO**  
**Parental Consent to Release**  
**Academic and Discipline Records**

School Year \_\_\_\_\_

Student Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Last 4 digits of  
SS# \_\_\_\_\_

School \_\_\_\_\_  
Grade \_\_\_\_\_

It is the purpose of Team Toledo to train young athletes and to monitor their academic and behavioral records so participants will understand that scholarship and cooperative behavior are important in their life-long development.

I agree to allow my son's records of intelligence and achievement test scores, grades, GPA, ACT, LSAT, SAT, and OGT scores, discipline reports and attendance records to be released to TEAM TOLEDO for the purposes of monitoring my son's academic performance and behavior in school. The academic coordinator of TEAM TOLEDO will be in regular contact with my son's school and I agree that my son's high school will notify TEAM TOLEDO if his grades, attitude and attendance become a problem.

If my child has an IEP or 504 plan, I agree that these can be shared with the academic monitor of TEAM TOLEDO.

Custodial Parent Name (Please  
Print) \_\_\_\_\_

Custodial Parent  
Signature \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
ZIP                      Number and Street                      City                      State

Date \_\_\_\_\_ Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

School Representative's  
Name \_\_\_\_\_

School Representative's  
Signature \_\_\_\_\_

Direct Phone Number \_\_\_\_\_ Email  
Address \_\_\_\_\_

Date \_\_\_\_\_ Student  
Signature \_\_\_\_\_

The information gathered by TEAM TOLEDO will be used only to monitor student progress, academics, attendance, and attitude. This information will not be used for other purposes nor will be shared in any way without parental permission.

\_\_\_\_\_ , \_\_\_\_\_

Academic Coordinator