



**CONFIDENTIAL INFORMATION**

**Release Of Patron / Item History Authorization Form**

*This form should be completed for each request.*

**\*\*\* The signature of a Superintendent is required for public school districts\*\*\***

*This form serves as authorization to release history for the following individual or item:*

Patron Name: \_\_\_\_\_

Barcode Number: \_\_\_\_\_

OR

Item Title: \_\_\_\_\_

Item Barcode Number: \_\_\_\_\_

School: \_\_\_\_\_

District: \_\_\_\_\_

Person requesting information: \_\_\_\_\_

\_\_\_\_\_  
(Signature) Superintendent/Principal

\_\_\_\_\_  
Printed Name of Superintendent/Principal

\_\_\_\_\_  
Date

Release Information to:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

\_\_\_\_\_

Email: \_\_\_\_\_ FAX: \_\_\_\_\_

Please Mail or fax this form to:

Connect Library Services  
5700 West Canal Road  
Valley View, OH 44125  
216-520-6969 FAX