

# SCHOOL INQUIRY

\_\_\_\_\_  
(NAME OF EDUCATIONAL FACILITY)

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
DATE

Dear School Official:

We are requesting information concerning a child or children attending your school. We are providing an ODHS 7341 "Applicant/Recipient Authorization for Release of Information" and an addressed return envelope. Thank you for your prompt attention to this request.

\_\_\_\_\_  
(Income Maintenance Worker and Caseload Number)

\_\_\_\_\_  
County Dept. of Human Services

Child's Name	Birth Date	Grade	Enrolled (Indicate Yes or No)

If any child in the above section is no longer enrolled, please indicate in the "enrolled" block when the student was last enrolled. If the student transferred to another school, please indicate the name of the school.

According to your records, please indicate the address for the student(s) listed above, and the name and relationship of the individual with whom the child(ren) is living. If the records indicate more than one parent, please provide both parents' names.

Child's Name	Address	Individual(s)/Relation

\_\_\_\_\_  
SIGNATURE AND TITLE OF SCHOOL OFFICIAL COMPLETING FORM

\_\_\_\_\_  
DATE FORM COMPLETED