

North Olmsted City Schools
26669 Butternut Ridge Rd.
North Olmsted, Ohio 44070
Phone (440) 588-5308
Fax (440) 588-5370
Email: becky.liskay@nocseagles.org

**REQUEST FOR RELEASE OF
STUDENT RECORDS**

Please Print

TO: _____
Previous School Name

Previous School Address

Previous School City/State/Zip Code

Area Code/Phone Number _____ Area Code/Fax Number _____

Previous School
*Please return this form with
the student records*

It is requested that an official copy of the student records of:

Student's Full Name _____ Birth Date _____
Last Grade Attended _____ Date Last Attended _____

**Be released to: North Olmsted City Schools
Registration Desk
26669 Butternut Ridge Rd.
North Olmsted, OH 44070**

Please include this form and all applicable information for the above named student as follows:

- Academic grades or reports of progress including preschool records
- Grades to date of withdrawal
- Grades for previously completed marking period (sports eligibility)
- Standardized test scores (achievement/ability, competency, etc.)
- State Achievement Test Results
- Attendance records
- Health/immunization records
- Psychological reports and/or Evaluation Team Reports (if any)
- Individual Educational Plan (I.E.P.) (if any)
- 504 Plan (if any)
- Speech/hearing/language evaluation
- School profile explaining credits and grading system
- Other _____

(Signature of Parent or Legal Guardian)

(Date)

(Signature of Student - 18 years of Age or Older)

(Date)

Note: Neither state nor federal law requires consent or parental signature to transfer student records to an educational institution for legitimate educational purposes. ORC 3319.321 (c) 20 USCA 1232g (b) (1) (B)

School Official Signature/Title

(Date)

Office Use Only: _____(Date Mailed) _____(Grade)
_____(Attending School)