

Bellbrook-Sugarcreek Schools (IRN 047274)

Record Release Request

FORM: CO-0550 (rev. 8/24)

- | | |
|--|---|
| <input type="radio"/> Sugarcreek Education Center, PreS (036368)
3757 Upper Bellbrook Road
Bellbrook OH 45305
Phone: 937-848-6251
E-mail: jennifer.dreischarf@bss.k12.oh.us | <input type="radio"/> Stephen Bell Elementary School, K-2 (035972)
4133 Shadowleaf Drive
Bellbrook OH 45305
Phone: 937-848-7831
E-mail: marjorie.horvath@bss.k12.oh.us |
| <input type="radio"/> Bell Creek Intermediate, 3-5 (123216)
3777 Upper Bellbrook Road
Bellbrook OH 45305
Phone: 937-848-3777
E-mail: crystal.harnish@bss.k12.oh.us | <input type="radio"/> Bellbrook Middle School, 6-8 (002147)
3600 Feedwire Road
Bellbrook OH 45305
Phone: 937-848-2141
E-mail: amy.rodenroth@bss.k12.oh.us |
| <input type="radio"/> Bellbrook High School, 9-12 (002154)
3737 Upper Bellbrook Road, Attn: Guidance
Bellbrook OH 45305
Phone: 937-848-3737
E-mail: kiki.kramer@bss.k12.oh.us | <input type="radio"/> All Special Education Records (K-12)
E-mail: jennifer.mcclure@bss.k12.oh.us |
- _____ BB/SC start date _____ BB/SC withdrawal date

Part A – Request for Records (from previous school district – fill out Part A & C & D)

▶ Please release all appropriate past and present academic, gifted (accelerated) records, discipline, medical (immunizations, etc.), confidential and special education records (including psychological information, diagnostic summaries, IEP's, etc.) on the student named below. Records should be sent to the school address marked above.

_____	_____	_____
Print name of student	Birthdate	Grade
_____	_____	_____
Signature of Parent/Guardian	Relationship	Date

or **Part B – Bellbrook-Sugarcreek Schools Release of Records (to another district/entity - fill out Part B & C & D)**

▶ Please release all appropriate past and present academic, gifted (accelerated) records, discipline, medical, confidential and special education records (including psychological information, diagnostic summaries, IEP's, etc.) on the student named below. Records should be sent to the school address listed below.

_____	_____	_____
Print name of student	Birthdate	Grade
_____	_____	_____
Signature of Parent/Guardian	Relationship	Date

and **Part C – Name and Address of Sending / Receiving School/Agency/Individual**

▶ _____ Phone: _____
_____ Fax: _____

Part D – Please provide student's NEW home address (enabling BB/SC Schools to forward information if necessary)

▶ _____ Phone (if avail): _____
_____ Zip: _____

Date sent or faxed _____ By: _____

Signature of School Official