

Patrick Henry Local Schools (IRN #047597)
Consent to Release Student Records

For Office Use: Mailed _____ Faxed _____
Date _____

Please Print

Student's Name _____ DOB _____ Grade _____

Student's SSID Number _____

Name of Previous School _____

School Address _____

City/State/Zip _____

Phone _____ Fax _____

I grant permission for you to release all personally identifiable school records and send to:

<input type="checkbox"/> Patrick Henry High School Grades 9-12 6-900 SR 18 Hamler, OH 43524 Ph. 419-274-3015 lyungmann@phpatriots.org	<input type="checkbox"/> Patrick Henry Middle School Grades 5-8 E-050 Co. Rd. 7 Hamler, OH 43524 Ph. 419-274-3015 nparry@phpatriots.org	<input type="checkbox"/> Patrick Henry Elementary Grades K-4 E-076 Co. Rd. 7 Hamler, OH 43524 Ph. 419-274-3015 hwanless@phpatriots.org
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Signature of Parent/Guardian or School Official

Date

School Officials – Please include all records that apply:

- Transcript, Grades, Attendance, and Grade Placement
- Health Records including Immunization Records and Physicals
- Standardized Test Scores
- Statewide Assessment Results
- Most recent IEP, ETR, MFE, 504
- Discipline Records
- Birth Certificate and Social Security Card
- State-Student Truancy and Excessive (FT) Record

Was this student expelled from your school? yes no
Does this student qualify for special education services? yes no

If so, please specify: _____

Print name of School Administrator in case we need to contact you: _____

Please include a copy of this Release Form with records.