

PARENT / STUDENT CONSENT FOR RECORD RELEASE

TO: _____
(SCHOOL)

RE: _____
(NAME OF STUDENT)

(SCHOOL ADDRESS)

AGE: _____ **D.O.B:** _____

(CITY / STATE / ZIP)

DATE: _____

A. You are authorized to release the records listed below for the above named student to: (if self, own name and address)

Roosevelt Elementary 410 W. Seventh St. McDonald, Oh 44437
(school / address)

330-530-7033
(Fax #)

B. Specific records requested:

_____ **All personally identifiable data on file.** (i.e., IEP/ETR, Student Report Cards, Test Scores, etc...)

_____ **The following records only:** _____

C. Reason for request:

_____ **To aid in present and future educational decisions.**

xx **Other:** PLEASE TRANSFER THE STUDENT TO ROOSEVELT
ELEMENTARY SCHOOL FOR THE 2024-2025 SCHOOL YEAR.

(DATE) _____
(SIGNATURE OF PARENT)

FOR OFFICE USE ONLY:

Date Data Released _____ by _____

Date Copies Mailed _____ by _____