

# Geneva Area City Schools

## Authorization to Release/Receive Educational Records and/or Communicate With Outside Agencies/Individuals (FORM IR-01)

### Section I: Student Information

This form provides authorization to [receive/release] educational records and information  
*circle one*  
relating to:

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

### Section II: Disclosure and Use of Educational Records/Personally Identifiable Information

I hereby give my permission to (agency name) \_\_\_\_\_

(Check all that apply)

To disclose educational information/records for the above-referenced student in the manner described.

To communicate and share personally identifiable information as described below.

### Section III: Description of Educational records/Personally Identifiable Information to be Disclosed.

Check the educational records or information you are authorizing to be disclosed:

  
  
  
  
  
  
  
  
  
  
  

All educational records

Academic records/transcripts of credits and grades

Test scores

MFE/ETR and related supporting data and/or evaluation/assessment

IEP or ISFP or ISP or related intervention plans and progress reports

Attendance records

Health records

504 Plan /504 Evaluation

Gifted/Talented Program Information, Records, and Assessment data

Immunization Records

Limited English Proficiency records

Other pertinent information (describe below)

\_\_\_\_\_  
\_\_\_\_\_

# Geneva Area City Schools

**Section IV: Persons or Entity Authorized to Receive Information**

Geneva Area Schools IRN: 044057

The District or Agency named in Section II has my permission to communicate with and release the information described above to:

Please send records to the building that is checked below

- |                                                                                                                                                                                              |                                                                                                                                                                                      |                                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Records Custodian<br><input type="checkbox"/> Austinburg Elementary<br>3030 State Rt 307<br>Austinburg, OH 44010<br>P: (440)466-4831 X6001<br>F: (440)275-0789      | <input type="checkbox"/> Records Custodian<br><input type="checkbox"/> Cork Elementary<br>341 St. Rte 534<br>Geneva, OH 44041<br>P: (440)466-4831 X5001<br>F: (440)466-0433          | <input type="checkbox"/> Records Custodian<br><input type="checkbox"/> Geneva Platt R. Spencer<br>755 Austin Road<br>Geneva, OH 44041<br>P: (440)466-4831 X3001<br>F: (440)466-0206 |
| <input checked="" type="checkbox"/> Roberta Horvath<br><input type="checkbox"/> Geneva Middle School<br>839 Sherman Street<br>Geneva, OH 44041<br>P: (440)466-4831 X2002<br>F: (440)466-0217 | <input type="checkbox"/> Records Custodian<br><input type="checkbox"/> Geneva High School<br>1301 South Ridge East<br>Geneva, OH 44041<br>P: (440)466-4831 X4009<br>F: (440)466-8547 |                                                                                                                                                                                     |

**Section V: Purpose of this Authorization**

The purpose of this disclosure of educational records or personally identifiable information is:

To aid in making present and future educational decisions

Other: \_\_\_\_\_

**Section VI: Expiration and Revocation**

This authorization may be revoked (canceled) at any time except to the extent that the district/agency has already released personal health and/or personally identifiable information prior to the revocation authorization. Requests for revocation must be in writing. To revoke the authorization, contact:			
District/Agency Contact:		Phone:	
If not revoked, this authorization will expire one year after the date on which the authorization is signed.			

**Section V: Signatures and Acknowledgement**

*I acknowledge that this authorization is voluntary and that I received a copy of this authorization.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If a personal representative (for example, a spouse, parent, legal guardian etc.) signs this form on behalf of an individual identified in Section I above, please complete the following:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship: \_\_\_\_\_