

RECORDS RELEASE REQUEST



Geneva Area City Schools
District IRN: 044057

Student is attending as a:

- ___ Resident Student
- ___ Open Enrollment Student
- ___ Court Placed Student
- ___ Other _____

Projected Start Date: _____

Central Registration
Roberta Horvath
Geneva Middle School
839 Sherman Street
Geneva, Oh 44041

440.466.4831 X2002
Fax: 440.466.0217

roberta.horvath@genevaschools.org

Date of 1st Request _____ 2nd Request _____

Parent/Guardian: Please fill in 'BOLD' boxes only:

(From)
School: _____
Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____

← SCHOOL RECEIVING REQUEST: Please mail, E-mail, or Fax all pertinent school records to the Central Registration address listed to the left.
Attention: SCHOOL RECORDS

Student Name: _____
Student Date of Birth: _____

We are requesting the following records to aid in present and future educational decisions:

- | | |
|--|--|
| <input type="checkbox"/> All items in student's file | <input type="checkbox"/> Transcript of Previous Credits/Grades |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Withdrawal Grades |
| <input type="checkbox"/> IEP | <input type="checkbox"/> Standardized Testing Information |
| <input type="checkbox"/> ETR | <input type="checkbox"/> Career Passport |
| <input type="checkbox"/> Immunization/Health Record | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Dates of Attendance | _____ |
| <input type="checkbox"/> SS # | _____ |
| <input type="checkbox"/> Custody Papers | _____ |

According to the Final Regulations-Family Rights and Privacy Act, Buckley Amendment, it is no longer necessary to obtain written consent to release records between schools. It states that school officials may receive a student's records without consent for such release. However, it is the intention of the Geneva Area City School District to obtain signatures upon registration.

Parent Signature _____
Date

Comments: _____
