

**RECORDS RELEASE REQUEST**



Geneva Area City Schools  
District IRN: 044057

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 1<sup>st</sup> Request \_\_\_\_\_ 2<sup>nd</sup> 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: \_\_\_\_\_