

**New Student Records Request**

Dear Parent / Guardian:

Due to state and federal laws regarding the confidentiality of student records and evaluations, a school district must obtain the signature of the parent / legal guardian before such information can be released to any other agency or school district.

Sincerely,  
Sandy Lewis / Patty Gruszecki  
Secretary

\*\*\*\*\*

I grant permission for the release of educational evaluations, psychological and other reports, individualized educational plans, and / or any other school related data regarding my child.

Student Name: \_\_\_\_\_ Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_ Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

School / Agency Requesting Information:

Release to: **Southern Local Elementary School**  
**38095 State Route 39**  
**Salineville, Ohio 43945**  
**Telephone: 330-679-0281 or 330-679-2301 #4017 or #4018**  
**Fax: 330-679-3004**

School / Agency Releasing Information:

Release from: Name \_\_\_\_\_

Address \_\_\_\_\_

City / Zip \_\_\_\_\_

Telephone # \_\_\_\_\_

Fax # \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Parent / Guardian Signature: \_\_\_\_\_