

REQUEST FOR STUDENT RECORDS

FORMER School Information

District/School Name _____

Address _____

Phone _____ Fax _____

We hereby request the records of _____
(Student's Full Name)

Date of Birth _____ Grade _____ Social Security Number _____

The following student information is requested:

- Transcript of Grades
- SSID if an Ohio student
- Withdrawal Grades
- Attendance Records
- Title I Records
- Achievement/OGT Results
- Discipline Records
- Custody Records (if applicable)
- Health & Immunization Records
- School Athletic Physical (Grades 7-12)
- Any other pertinent information

***** PLEASE FAX ALL SPECIAL EDUCATION RECORDS IMMEDIATELY, including:**
Eligibility/Disability (MFE/IBMFE)
IEP or 504 Services Plan
Intervention Assistance Plan
Functional Behavioral Assessment

Previous School Official: Please indicate this information and return by fax ASAP to the number listed above.

The student listed above

_____ IS NOT expelled from another Ohio district at this time.

_____ IS EXPELLED from this district. The period of expulsion expires on _____.

Signature of School Official

Title

Date

School Official

Title

Signature of Parent/Guardian

Date

Address

Phone Number