

# Records Request for Student Attending Amherst Schools

AMHERST EXEMPTED VILLAGE SCHOOLS  
185 Forest Street, Amherst, Ohio 44001

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Student's Name (Last, First, Middle)	Date of Birth	Grade Entering
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To: _____	_____	_____
Previous School Name	School Phone Number	School Fax Number

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Previous School Address (include city, state and zip code)

I, the undersigned, grant permission for the release of all educational, health, and psychological files (if applicable) for the above mentioned student.

### Please include:

- Transcript of grades/grades at withdrawal
- Transcript/ACT/SAT to all colleges & scholarships
- Immunization records and complete physical exam from within the last year (if participating in sports)
- Academic records/cumulative file/test scores/attendance
- Psychological reports (Current IEP, ETR, PARENT CONSENT FORM)
- Custody papers (if applicable)

### PLEASE RELEASE AND TRANSFER RECORDS TO: (CIRCLE ONE)

#### **Powers Elementary School**

401 Washington Street  
Amherst, OH 44001  
Phone: (440) 988-8670  
Fax: (440) 988-8674  
[lisa\\_dadas@amherstk12.org](mailto:lisa_dadas@amherstk12.org)

#### **Nord Middle School**

501 Lincoln Street  
Amherst, OH 44001  
Phone: (440) 988-4441  
Fax: (440) 988-2371  
[nancy\\_kasten@amherstk12.org](mailto:nancy_kasten@amherstk12.org)

#### **Amherst Board of Education**

185 Forest Street  
Amherst, OH 44001  
Phone: (440) 988-4406  
Fax: (440) 988-4413  
[haydiee\\_burkes@amherstk12.org](mailto:haydiee_burkes@amherstk12.org)

#### **Amherst Junior High School**

548 Milan Avenue  
Amherst, OH 44001  
Phone: (440) 988-0324  
Fax: (440) 988-0328  
[sandy\\_aufdenkampe@amherstk12.org](mailto:sandy_aufdenkampe@amherstk12.org)

#### **Marion L. Steele High School**

450 Washington Avenue  
Amherst, OH 44001  
Phone: (440) 988-4433  
Fax: (440) 988-5087  
[susan\\_jones@amherstk12.org](mailto:susan_jones@amherstk12.org)



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Parent/Guardian Signature

Date