

ANSONIA LOCAL SCHOOLS

District IRN: 046623

Elementary K-6
937-337-5141

Fax: 937-337-9520

Jr/Sr High 7-12
937-337-5591

RECORD RELEASE REQUEST

In order to forward a transcript of other school records to another school, colleges, universities and prospective employers, we are required to obtain your written permission prior to complying with such requests.

Please sign the bottom portion of this letter if you desire that your child's records be released.

I hereby consent to the release by the school system a copy of the following student's records to Ansonia Local Schools, P.O. Box 279, Ansonia, Ohio 45303. Please include birth certificate, all health records, psychological testing and IEP records. Please mail or email records to: mindy.walters@ansoniaschools.org (7-12) or deb.schrader@ansoniaschools.org (K-6)

School last attended: _____

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Effective admission date is: _____

Date _____ Parent's Signature _____

Reason for Request: _____ Moved to District _____ Foster/Court Placed
Office Use Only _____ Open Enrollment _____ ED or MD Unit
_____ Following Teaching Parent