



**Academic Services**  
 24365 Hilliard Blvd.  
 Westlake, Ohio 44145  
 440-250-1270

**REQUEST FOR RELEASE OF STUDENT RECORDS**

Attn: Previous School, Please return this form with the student records

**Previous School Name:** \_\_\_\_\_

Previous School Address: \_\_\_\_\_

Previous School City/State/Zip Code: \_\_\_\_\_

Phone Number/Area Code: \_\_\_\_\_ FaxNumber: \_\_\_\_\_

**It is requested that an official copy of the student records of:**

**Student's Full Name:** \_\_\_\_\_ Birth of Date: \_\_\_\_\_

Last Grade Attended: \_\_\_\_\_ Date of Last Day Attended: \_\_\_\_\_

**Please send student records to:**

<b>Westlake Elementary</b> (PreK-4 grade) 27555 Center Ridge Rd 440-250-1200 Fax:440-250-1202 Wrightsman@wlake.org	<b>Dover Intermediate</b> (5-6 grade) 2240 Dover Center Rd 440-835-5494 Fax: 440-250-1060 CruzM@wlake.org	<b>Lee Burneson Middle</b> (7-8 grade) 2260 Dover Center Rd 440-835-6340 Fax: 440-808-8964 BokenyiJ@wlake.org	<b>Westlake High School</b> (9-12 grade) 27830 Hilliard Blvd. 440-835-6352 Fax: 440-835-5572 RiceK@wlake.org
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**Please include this form** and all applicable information for the above named student as follows:

- Academic grades or reports of progress including preschool records
- Grades to date of withdrawal
- Grades for previously completed marking period (sports eligibility)
- Standardized test scores (achievement/ability, competency, etc.)
- English as a second language records (if any)
- School profile explaining credits and grading system
- OELPA Scores and/or other English language proficiency test results
- Individual Education Plan (IEP) (if any)
- Other \_\_\_\_\_
- Speech/hearing/language evaluation
- Health/immunization records
- State Achievement test scores
- Attendance records
- Proficiency test scores
- 504 Plan (if any)
- Psychological reports (if any) Evaluation
- Team Report (ETR) (if any)
- AIMS Web (including Transfer ID # \_\_\_\_\_)
- Gifted Records (WEP/WAP & test score)

\_\_\_\_\_  
**(Signature of Parent or Legal Guardian)**

\_\_\_\_\_  
**(Date)**

\_\_\_\_\_  
**(Signature of Student - 18 years of Age or Older)**

\_\_\_\_\_  
**(Date)**

Note: Neither state nor federal law requires consent or parental signature to transfer student records to an educational institution for legitimate educational purposes. ORC 3319.321 (c) 20 USCA 1232g (b) (1) (B)

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**For Official Use Only:**

\_\_\_\_\_  
 (School Official Signature)

\_\_\_\_\_  
 (Date)

**Start Date :** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Attending School:** \_\_\_\_\_ **Date Request Submitted:** \_\_\_\_\_