



HUDSON CITY SCHOOLS
76 North Hayden Parkway
Hudson, Ohio 44236

REQUEST FOR STUDENT RECORDS

Student's Name: _____ Grade _____

Name and address of last school attended:

(Name of School)

(Street Address) (City/ State/Zip)

School Phone: _____ Fax: _____

Date Withdrawn from above school: _____

I hereby request all records pertaining to my child including, but not limited to:

EDUCATION RECORDS (Transcripts, Report Cards, Test Scores)

ATTENDANCE RECORDS

HEALTH RECORDS/IMMUNIZATIONS

DISCIPLINE RECORDS

SPECIAL EDUCATION RECORDS (IEP, MFE, 504 Plan, Psychological Reports and related Special Education Reports)

_____, _____, _____

(Signature of Parent/Guardian) (Relationship) (Date)

McDowell Early Learning School 280 N Hayden Pkwy Hudson, OH 44236 330-653-1246	Ellsworth Hill Elementary School 7750 Stow Road Hudson, OH 44236 330-653-1236	
East Woods Int. School 120 N Hayden Pkwy Hudson, OH 44236 330-653-1256	Hudson Middle School 83 N Oviatt Street Hudson, OH 44236 330-653-1316	Hudson High School 2500 Hudson-Aurora Rd. Hudson, OH 44236 330-653-1416

OFFICE USE ONLY: Records Requested _____ Records Received _____

Neither State nor Federal law requires consent or parental signature to transfer student records to an educational institute for legitimate educational purposes. R.C. 3319.321 20 USCA 1232g (b) (1) (B)

4/29/09
3/18/21
8/23/21
3/2/23