

**CONSENT FOR RELEASE OF EDUCATIONAL RECORDS**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

This Student will enter Jackson-Milton through one of the following:

\_\_\_\_\_  
Moved into J-M District as resident

\_\_\_\_\_  
Attending J-M District under Open Enrollment

\_\_\_\_\_  
Court/Foster Placement to J-M School District

Former School: \_\_\_\_\_

Address: \_\_\_\_\_

Fax: \_\_\_\_\_  
Phone: \_\_\_\_\_

Release records to: Jackson-Milton Elementary School IRN# 048322

14110 Mahoning Avenue  
North Jackson, Ohio 44451

Or fax records to: 330-538-2259 Phone: 330-538-2257

Or email to: [Michelle.Dennison@jmlocal.com](mailto:Michelle.Dennison@jmlocal.com)

Please send the following information:

\_\_\_\_\_  
CUMULATIVE RECORDS, including grades, test scores and the last date of

\_\_\_\_\_  
attendance in your school.

\_\_\_\_\_  
HEALTH DATA, especially immunization records

\_\_\_\_\_  
PSYCHOLOGICAL REPORTS, including latest I.E.P./M.F.E.

\_\_\_\_\_  
ANY INFORMATION ON SPECIAL NEEDS

\_\_\_\_\_  
PROFICIENCY TEST RESULTS

\_\_\_\_\_  
SSID #

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Date received: