_____ 1st Request _____2nd Request _____3rd Request
Student's SSID#:_____(office use)

Austintown Local School District
IRN 048298

CONSENT FOR RELEASE OF RECORDS 2025-2026 School Year

To be completed by Parent/Guardian:

Student's Name **Grade Level** **Date of Birth**

Signature of Parent/Guardian **Date**

I hereby authorize: _____
Name of Prior School

School Address **City** **State** **Zip**

School Phone Number **Fax Number**

Please send the following documents:

- **ALL Discipline, Attendance, Attendance Intervention Information, Medical Records (including immunization records) Current Grades, Schedule, Report Card**
- **High School Students (9-12): Transcript, OGT Results**
- **Grades K-8: KRA (Kindergarten) OAA and TGRG Results**
- **Special Education Records: IEP, ETR**
- **All Students: 504, WEP, Home Language Usage Survey (EL Plan), Reading Diagnostics and RIMP Scores, Gifted**

Student is enrolling into Austintown School District via:

☐ Austintown Local School District Resident

☐ Attending Austintown Local School District as an open enrollment student

☐ Court/Foster Placed into Austintown from _____.

☐ Attending Austintown Local School District via Superintendent's Agreement

PLEASE RETURN RECORDS to the following building:

Fitch High School (Grades 9-12)	**Austintown Middle School (Grades 6-8)**	**Austintown Intermediate School (Grades 3-5)**
4560 Falcon Drive ☐ Austintown, OH 44515 330-797-3900 Fax: 330-797-3944	800 S Raccoon Road ☐ Austintown, OH 44515 330-797-3900 Fax: 330-792-9130	225 Idaho Road – Lloyd Loop ☐ Austintown, OH 44515 330-797-3901 Fax: 330-792-5750
Austintown Elementary School (Grades K-2)	**Austintown Special Education Department**	
245 Idaho Road – Lynn Kirk Loop ☐ Austintown, OH 44515 330-797-3901 Fax: 330-792-7124	800 S. Raccoon Rd. ☐ Austintown, OH 44515 330-797-3900 Ext.2124 Fax: 330-792-9046	