AUTHORIZATION TO RELEASE/RECEIVE EDUCATIONAL RECORDS

Brecksville-Broadview Heights City School District • 6638 Mill Road • Brecksville, OH 44141
Ph: 440.740.4700 • High School Fax: 440.740.4722 or 440.740.4732 ••••DATE FAXED: _____/_____/_____

SECTION I: STUDENT INFORMATION

This form provides authorization to [release or receive] educational records and information relating to:

STUDENT NAME: _____ **DOB:** ____/____/____ **GRADUATION YR:** _____

ADDRESS: _____ **PHONE:** (____) ____-____
Street City State / Zip

SECTION II: DISCLOSURE AND USE OF EDUCATIONAL RECORDS

I hereby give my permission to the following school district:

SCHOOL NAME: **Brecksville-Broadview Heights High School** **PHONE:** (440) 740 - 4720

ADDRESS: **6380 MILL ROAD** **BROADVIEW HEIGHTS** **OH 44147** **FAX:** (440) 740 - 4722
Street City State / Zip

To disclose educational records for the above-referenced student and information in the manner described below to the following:

Name	Address	Phone/Fax

SECTION III: DESCRIPTION OF EDUCATIONAL RECORDS AND INFORMATION TO BE DISCLOSED

Check the educational records and/or information you are authorizing to be disclosed: ☐ ALL records listed below

☐ Academic Records/Transcript of Credits and Grades
☐ Test Scores
☐ Attendance Records
☐ Health Records & Immunization Records
☐ Evaluation Team Reports (ETR) & Supporting Data/Assessments
☐ Individual Educational Program (IEP)
☐ 504 Plan/504 Evaluation
☐ Gifted/Talented Program Information
☐ Limited English Proficient Records
☐ Birth Record/certified certificate
☐ Custody Documents (if applicable)
☐ Other Pertinent Information _____
☐ Two-way phone contact

SECTION IV: PURPOSE OF AUTHORIZATION

The purpose of this disclosure of educational records or information is:

☐ Aid in making present and future educational decisions ☐ Other: _____

SECTION V: EXPIRATION AND REVOCATION

This authorization may be revoked (canceled) at any time except to the extent that the District has already released personal health information prior to the revocation of this authorization. Requests for revocation must be in writing. To revoke the authorization, contact Guidance Dept. at 6380 Mill Road, Broadview Heights, Ohio 44147. If not revoked, this authorization will expire one year after the date on which the authorization is signed.

SECTION VI: SIGNATURE AND ACKNOWLEDGEMENT

I acknowledge that this authorization is voluntary and that I may request a copy of this document.

SIGNATURE REQUIRED:

_____ _____ ____/____/____
PARENT/GUARDIAN/STUDENT IF 18 **RELATIONSHIP TO STUDENT/SELF IF 18** **DATE**