



Louisville City Schools

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize LOUISVILLE CITY SCHOOLS to release or obtain information and records to/from:

Louisville High School
Guidance Office
Phone: (330) 875-2074
Fax: (330) 875-7671

Louisville Middle School
Guidance Office
Phone: (330) 875-1803
Fax: (330) 875-7620

Louisville Elementary
Main Office
Phone: (330) 875-1177
Fax: (330) 875-7608

North Nimishillen
Main Office
Phone: (330) 875-2661
Fax: (330) 875-7614

School Name: _____

School Address: _____

Email Address: _____

Fax Number: _____

Information and copies of records pertaining to:

Student _____ Date of Birth _____

Anticipated Graduation Year _____

Specific data to be released (office use only):

- ___ Identifying date
- ___ Academic work
- ___ Withdrawal grades
- ___ Level of achievement
- ___ IEP & test results (including state tests, giftedness testing, etc.)
- ___ Attendance data

- ___ Disciplinary records (suspensions & expulsions)
- ___ All custodial documents (if applicable)
- ___ Copy of birth certificate
- ___ Grades/official transcript
- ___ Copy of most recent grade card
- ___ Standardized achievement scores

(Signature of Parent/Guardian)

(Relationship to Student)

(Date)