



Cleveland Heights-University Heights City School District
Department of Student Services: STUDENT REGISTRATION

**AUTHORIZATION TO RELEASE EDUCATIONAL RECORDS AND/OR
COMMUNICATE WITH OUTSIDE AGENCIES/INDIVIDUALS**

SECTION I: STUDENT INFORMATION

This form provides authorization to **RELEASE** educational records and information relating to the student listed below who enrolled in our school district on _____:

Student Name: _____ Date of Birth: _____

Address: _____ Telephone: _____

Section II: Disclosure and Use of Educational Records/Personally Identifiable Information

I hereby give my permission to _____
Former School

Address

- ☐ To disclose educational records for the above-referenced student and information in the manner described below.
- ☐ To communicate and share personally identifiable information as described below.

Section III: Description of Educational Records/Personally Identifiable Information to be Disclosed

Check the educational records or information you are authorizing to be disclosed:

- ☐ All Educational Records: Academic Records/Transcript of Credits and Grades
Test Scores
Attendance Records
Health Records, Immunization Records
- ☐ Evaluation Team Reports and Supporting Data/Assessments
- ☐ Individual Education Plans and Related Progress Reports
- ☐ 504 Plan/504 Evaluation
- ☐ Gifted/Talented Program Information
- ☐ Limited English Proficient Records
- ☐ Other pertinent information (*describe below*)

SECTION IV: Persons or Entity Authorized to Receive Information

The District has my permission to communicate with and **RELEASE** the information described above to:

- | | | |
|---|---|--|
| ☐ Boulevard Elementary
1749 Lee Rd.
Cleveland Hts., Ohio 44118 | ☐ Canterbury Elementary
2530 Canterbury Rd.
Cleveland Hts., Ohio 44118 | ☐ Fairfax Elementary
3150 Fairfax Rd.
Cleveland Hts., Ohio 44118 |
| ☐ Gearity Elementary
2323 Wrenford
Univeristy Hts., Ohio 44118 | ☐ Noble Elementary
1293 Ardoon Rd.
Cleveland Hts., Ohio 44121 | ☐ Oxford Elementary
939 Quilliams Rd.
Cleveland Hts., Ohio 44121 |
| ☐ Roxboro Elementary
2405 Roxboro Rd.
Cleveland Hts., Ohio 44106 | ☐ Monticello Middle School
3665 Monticello Blvd
Cleveland Hts., Ohio 44121 | ☐ Roxboro Middle School
2400 Roxboro Rd.
Cleveland Hts., Ohio 44106 |
| ☐ Wiley Middle School
2181 Miramar Blvd.
University Hts., Ohio 44118 | ☐ Cleveland Hts. High School
13263 Cedar Rd.
Cleveland Hts., Ohio 44118 | ☐ CH-UH Board of Education
Student Services/ Special Ed
2155 Miramar Blvd.
University Hts., Ohio 44118 |

SECTION V: Purpose of this Authorization

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

- ☐ To aid in making present and future educational decisions
- ☐ Other: _____

SECTION VI: Expiration and Revocation

This authorization may be revoked (canceled) at any time except to the extent that the district has already released personal health and/or other personally identifiable information prior to the revocation of this authorization. Requests for revocation must be in writing. To revoke the authorization, contact the Principal at attending school. If not revoked, this authorization will expire one year after the date on which the authorization is signed.

SECTION VII: Signature and Acknowledgement

I acknowledge that this authorization is voluntary and that I have received a copy of this authorization.

Signature: _____ Date: _____

If a personal representative (for example, a spouse, parent, legal guardian, *etc.*) signs this form on behalf of the individual identified in Section I, please complete the following.

Representative's Name: _____ Date: _____

Relationship: _____