TO USE WITH TUITION APPLICATION

NORTHMONT CITY SCHOOLS
District IRN: 048728

OFFICIAL CONSENT FOR RECORDS RELEASE

Student's Name _____ DOB: _____ Grade: _____

I hereby authorize _____
(Previous School District)

_____
(Street Address)

_____
(City, State, Zip Code)

Phone: _____ FAX: _____

We are requesting the following information/records for the above-named student:

_____ All personally identifiable data on file.

_____ The following records only _____

Purpose of the Request:

_____ To aid in making present and future educational decisions.

_____ Other: _____

With the understanding that the district cannot assume responsibility for the confidentiality of educational information disclosed, I authorize you to release educational information regarding the student named above in the manner indicated.

_____ _____
(Parent/Guardian/*Student-18 years or older) (Street Address)

_____ _____
(Date) (City, State, Zip Code)

**********SCHOOL USE ONLY**********

PLEASE PROVIDE THE FOLLOWING INFORMATION AND INCLUDE A COPY OF THIS COMPLETED REQUEST WITH RECORDS.

NORTHMONT CITY SCHOOLS DISTRICT ENROLLMENT DATE _____

STUDENT'S SSID NUMBER _____

PREVIOUS DISTRICT IRN _____ **PREVIOUS DISTRICT WITHDRAWAL DATE** _____

RECORDS CAN BE FAXED TO:

1-937-832-5001
Attn: Director of Student Services

RECORDS CAN BE MAILED TO:

Northmont City Schools
1150 W. National Rd.
Englewood, Ohio 45315

Office Use Only

Records Requested	Date	By	Fax	Mail
1st Request				
2nd Request				