The Campus of Wickliffe

Inspiring Students to Learn, Lead and Serve

CONSENT FOR RECORDS RELEASE

PREVIOUS SCHOOL: _____ CITY & STATE _____

SCHOOL PHONE: ( ) _____ FAX: ( ) _____ SCHOOL EMAIL: _____

The following student has enrolled in the Wickliffe City School district. You are authorized to release the records for the following student:

Student Name: _____ Date of Birth _____

Address:_____ Grade_____

If a 12th grader is this student on track to meet graduation requirements? ☐ Yes ☐ No

I HEREBY REQUEST THAT ALL RECORDS BE RELEASED FOR MY CHILD, INCLUDING, BUT NOT LIMITED TO:

- ☐ Educational Records (Transcripts, Report Cards, Achievement Test Scores, OGT Scale Scores, etc.)
- ☐ Attendance Records
- ☐ Health Records/Immunizations
- ☐ IEP (including progress reports), MFE, 504 Plan, Psychological Reports / Special Education Reports
- ☐ Other

The purpose of this authorization:

- ☐ Aid in making present and future educational decisions
- ☐ RIMP (Reading Improvement and Monitoring Plan)
- ☐ Other

Expiration and Revocation

This authorization may be revoked (cancelled) 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 Wickliffe City Schools at 440-943-6900. If not revoked, this authorization will expire one year after the date on which the authorization is signed.

_____ _____

(Date) (Signature of parent/guardian or student, if 18 or older)

***PLEASE SEND RECORDS TO*:**

Kelly Pfundstein, Secretary for Attendance & Registration

Campus of Wickliffe

2255 Rockefeller Rd.

Wickliffe, OH 44092

Phone: 440.810.8001

Fax: 440.970.3064

Email: kelly.pfundstein@wickliffecsd.org