



RELEASE OF ACADEMIC RECORDS AUTHORIZATION TO THE LAKEWOOD CITY SCHOOLS

Reg. Date: _____

Requested by _____ REGISTRATION _____ Start Date: _____

A. Send GENERAL RECORDS to:

- Emerson Elementary School**
13439 Clifton Blvd., Lakewood, OH 44107
Ph: 216-529-4254 Fax 216-227-5752 or email
kathryn.dauphin@lakewoodcityschools.org
- Grant Elementary School**
1470 Victoria Ave., Lakewood, OH 44107
Ph: 216-529-4217 Fax 216-227-5535 or email
jaimie.zito@lakewoodcityschools.org
- Harrison Elementary School**
2080 Quail St., Lakewood, OH 44107
Ph: 216-529-4230 Fax 216-227-5556 or email
stacey.sponsler@lakewoodcityschools.org
- Hayes Elementary School**
16401 Delaware Ave., Lakewood, OH 44107
Ph: 216-529-4228 Fax 216-227-5575 or email
arlene.marek@lakewoodcityschools.org
- Horace Mann Elementary School**
1215 West Clifton Blvd., Lakewood, OH 44107
Ph: 216-529-4257 Fax 216-227-5828 or email
barbara.rochford@lakewoodcityschools.org
- Lincoln Elementary School**
15615 Clifton Blvd., Lakewood, OH 44107
Ph: 216-529-4232 Fax 216-227-5722 or email
michele.winterstein@lakewoodcityschools.org
- Roosevelt Elementary School**
14237 Athens Ave., Lakewood, OH 44107
Ph: 216-529-4224 Fax 216-227-5739 or email
marylou.nagy@lakewoodcityschools.org
- Garfield Middle School**
13114 Detroit Ave., Lakewood, OH 44107
Ph: 216-529-4241 Fax 216-529-4146 or email
melissa.muzychenko@lakewoodcityschools.org
- Harding Middle School**
16601 Madison Ave., Lakewood, OH 44107
Ph: 216-529-4261 Fax 216-529-4708 or email
michelle.kovach@lakewoodcityschools.org
- Lakewood High School, Attn: GUIDANCE**
14100 Franklin Blvd., Lakewood, OH 44107
Ph: 216-529-4032 Fax 216-529-4200
colleen.bryan@lakewoodcityschools.org
- Franklin School of Opportunity**
13465 Franklin Blvd., Lakewood, OH 44107
Ph: 216-529-4037 Fax 216-227-5975 or email
mona.atfield@lakewoodcityschools.org
- Lakewood Board of Education, Attn: Registrar**
13701 Lake Ave., Lakewood, OH 44107
Ph: 529-4279 Fax 216-529-4104 or email
michelle.oneill@lakewoodcityschools.org
- Lakewood Board of Education
Attn. Student Services**
13701 Lake Ave., Lakewood, OH 44107
Ph: 216-529-4201 Fax 216-529-4104 or email
colleen.mullen@lakewoodcityschools.org



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Reg. Date: _____

Requested by _____ **REGISTRATION** _____ Start Date: _____

**B. Send IEP, ETR, and/or 504 Plan to Student Services:
(FAX: 216-529-4104) or email colleen.mullen@lakewoodcityschools.org**

I, _____ do hereby authorize:
(Parent name)

(Name of Previous School)

(Address, City/State/Zip)

(Phone & email required)

Release to the Lakewood City Schools:

ALL PERSONALLY IDENTIFIABLE DATA ON FILE

ALL NATIONAL TEST SCORES

ALL STANDARDIZED ACHIEVEMENT/GRADUATION/PROFICIENCY TEST SCORES

CURRENT IEP and ETR (***FAX to 216-529-4104**)

LANGUAGE USE SURVEY

504 PLAN (***FAX to 216-529-4104**)

(Name of Student) (Date of Birth)

and do release the aforementioned agency from all liability for damage in providing this information. A photocopy, FAX transmission or email of this authorization shall be considered as effective and valid as the original.

(Signature/Relationship) (Date)