



____ 1st Request ____ 2nd Request ____ 3rd Request
Student's SSID#: _____ (office use)

Austintown Local School District
IRN 048298

CONSENT FOR RELEASE OF RECORDS 2026-2027 School Year

To be completed by Parent/Guardian:

Student's Name		Grade Level	Date of Birth
Signature of Parent/Guardian		Date	
I hereby authorize:			
Name of Prior School			
School Address	City	State	Zip
School Phone Number		Fax Number and/or Email	

Please send the following documents:

- ALL Discipline, Attendance, Attendance Intervention Information, Medical Records (including immunization records), Current Grades, Schedule, Report Card
- High School Students (9-12): Transcript, OGT Results
- Grades K-8: KRA (Kindergarten) OAA and TGRG Results
- Special Education Records: IEP, ETR
- All Students: 504, WEP, Home Language Usage Survey (EL Plan), Reading Diagnostics and RIMP Scores, Gifted

Student is enrolling in the Austintown School District via:

☐ Austintown Local School District Resident

☐ Court/Foster Placed into Austintown from _____.

☐ Attending Austintown Local School District as an open enrollment student

☐ Attending Austintown Local School District via Superintendent's Agreement

PLEASE RETURN RECORDS to the following building:

Fitch High School (Grades 9-12) 330-797-39	Austintown Middle School (Grades 6-8) 330-797-3900	Austintown Intermediate School (Grades 3-5) 330-797-3901
4560 Falcon Drive Austintown, OH 44515 email: vburton@austintownschools.org	800 S Raccoon Road Austintown, OH 44515 Fax: 330-792-9130	225 Idaho Road – Lloyd Loop Austintown, OH 44515 Fax: 330-792-5750
☐	☐	☐
Austintown Elementary School (Grades K-2) 330-797-3901	Austintown Special Education Department	

245 Idaho Road – Lynn Kirk Loop ☐
Austintown, OH 44515 Fax: 330-792-7124

800 S. Raccoon Rd. ☐
Austintown, OH 44515
330-797-3900 Ext 2124 Fax: 330-792-9046