Brecksville Broadview Heights City School District

Records Release Form IRN 043646

Note: When submitted, this authorization will become part of the student's permanent record in accordance with the Family Rights and Privacy Act of 1974 and Board of Education Policy. The purpose is to aid in planning present/future education for this student.

Student Name _____

Student Birthdate _____ Current Grade _____

Previous School District/School _____

Previous School Address _____

_____

Previous School Phone _____ Fax _____

The School/Agency is authorized by the parent/guardian to release all pertinent records below:

*Grades/Transcripts
*Attendance Records
*Psychological Reports
*Speech/Language evaluation and Hearing/Vision evaluation
*All test scores, including but not limited to: SAT, ACT, PSAT, OELPA, diagnostics, achievement, aptitude and gifted testing scores
*Special Education Records, including but not limited to: IEP, MFE, ETR, 504 Plan
*All medical records, including immunizations

VIA email or USPS, records are to be released to:
Amber Hejl, EMIS Coordinator / District Registrar

6638 Mill Road

Brecksville, Ohio 44141

labbel@bbhcsd.org

I hereby grant permission for the release of information between the two parties:

_____ _____

Printed Name of Parent/Guardian Signature of Parent/Guardian Date