PARENT / GUARDIAN / STUDENT CONSENT FOR RECORDS RELEASE

:	RE:
Previous School Attended	Student's Full Name
Address	Birthdate
City, State and Zip Code	Present Grade Level
Rittman Exempted	Village School District
<u>Rittman Elementary</u>	<u>Rittman Middle/High School</u>
131 N. Metzger Ave Rittman, OH 44270 330.927.7460 office 330.927.7465 fax# Ritt_dposten@tccsa.net	50 Saurer Street Rittman, OH 44270 330.927.7153 office 330.927.7145 fax# Ritt_davis@tccsa.net
We are requesting the following inform	nation / records for the above-named student:
YOU MAY NEE	Identification Number (EMIS) ED TO CONTACT YOUR EMIS R FOR THIS INFORMATION
Please be sure to also include t Current IEP	these items with the records transfer.
504 planIAT / intervETR / psych	vention hological reports
n the understanding that the district cannot assume responsibilithorize you to release the student information indicated above	lity for the confidentiality of educational information disclosed, e.
gnature of parent/guardian	Date
Idress	City, State and Zip Code
FOR SCHO	OOL USE ONLY
Complete records mailed	Incomplete records mailed
Copies mailed by	
Date	Name / Position