

PARENT / GUARDIAN / STUDENT CONSENT FOR RECORDS RELEASE

TO: _____
Previous School Attended

RE: _____
Student's Full Name

Address

Age

Date of Birth

City, State and Zip Code

Present Grade Level

Rittman Exempted Village School District

Rittman Elementary

Student Records
131 N. Metzger Ave
Rittman, OH 44270
330. 927.7460 office #
330. 927.7465 fax #

We are requesting the following information / records for the above-named student:

_____ S.S.I.D.# - **State Student Identification Number (EMIS)**
YOU MAY NEED TO CONTACT YOUR EMIS
COORDINATOR FOR THIS INFORMATION

_____ ALL school records

Please be sure to also include these items with the records transfer.

- Current IEP
- 504 plan
- IAT / intervention
- MFE / psychological reports

With the understanding that the district cannot assume responsibility for the confidentiality of educational information disclosed, I authorize you to release the student information indicated above.

Signature of parent/guardian

Date

Address

City, State and Zip Code

FOR SCHOOL USE ONLY

_____ Complete records mailed

_____ Incomplete records mailed

Copies mailed _____ **by** _____
Date *Name / Position*