

**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 Middle/High School**

Student Records  
50 Saurer Street  
Rittman, OH 44270  
330. 927.7100 office #  
330. 927.7145 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*