

MONROEVILLE LOCAL SCHOOL DISTRICT
Authorization for Release of School Records

Student _____ Grade _____

Please release all official school records, including, but not limited to:

- Health records (birth certificate, immunizations, etc.)
- Social security number
- SSID (State student ID#)
- Custodial papers (if applicable)
- Academic (grades, standardized test results, etc.)
- Current grade averages up to the date of withdrawal
- Current IEP (if applicable)
- Most recent ETR (if applicable)
- Most recent psychological report (if applicable)
- Attendance
- Discipline record (if applicable)

OHIO SCHOOLS: PLEASE PROVIDE YOUR SCHOOL'S DISTRICT AND BUILDING IRNS WITH RECORDS

This student has: _____ Moved into District _____ Open Enrolled into District _____ Been Court Placed

Monroeville Local School District IRN# 047712 Building IRN# 025361

I hereby agree that I will not transfer any information to another person, agency, institution, or otherwise use the same without WRITTEN CONSENT OF THE PARENT OF STUDENT, IF SAID STUDENT IS OVER 18 YEARS OF AGE.

MONROEVILLE SCHOOLS are requesting records from:

School Name

School Address

School City/State/Zip

School Phone

Please send records to:

- Monroeville Elementary (K-6)**
Attn: Elaine Fitzgerald
101 West St.
Monroeville, OH 44847
Phone: 419-465-2533, ext 1402
Fax: 419-465-3549
Email: efitzgerald@monroevilleschools.org

- Monroeville High School (7-12)**
Attn: Janet Gerber
101 West St.
Monroeville, OH 44847
Phone: 419-465-2531, ext 1306
Fax: 419-465-4580
Email: jgerber@monroevilleschools.org

I hereby grant permission for transfer of the above school records.

Parent/Guardian Signature

Date