



ASHLAND CITY SCHOOLS - 043505

Administration Office 1407 Claremont Avenue Ashland, OH 44805

CONSENT FOR RECORD RELEASE

To: _____

(Previous School) (School IRN#)

(Street Address)

(City, State, Zip)

(Phone) (FAX)

Student Name: _____ D.O.B. _____ Grade _____

The student(s) listed above have enrolled in our school district. You are authorized to release the records listed below for the above named students.

Specific Data to be released:

- _____ Official Transcript _____ In Progress Grades _____ Most Recent Report Card (For Sports Eligibility)
- _____ End of Course Exam test results
- _____ Special Accommodations (IEP / ETR / 504 Plan)
- _____ Medical Records (Birth Certificate, immunizations)
- _____ Attendance Records _____ Discipline Records
- _____ SSID number
- _____ Other _____

_____ Date Signature of Parent/Guardian

Please send to:

ASHLAND CITY SCHOOLS
Janel Barr, EMIS Coordinator
Phone: 419-289-4509

EMAIL: jabarr@goarrows.org
FAX: 419-289-9534

OFFICE USE ONLY

EFFECTIVE DATE / FIRST DAY OF ATTENDANCE: _____

ATTENDING BUILDING: _____