

Riverside Local School District
AUTHORIZATION FOR RELEASE OF RECORDS/INFORMATION

Please note that, when submitted, this authorization form will become a part of the student's permanent school record in accordance with the Family Educational Rights and Privacy Act of 1974 and Board of Education policy.

Student's Full Name: _____ Birth Date: _____

Release Records FROM (Name of previous school): _____

Full Address

Of Previous School _____ Phone # _____

Last day in Attendance _____ Grade at date of W/D _____

The above person/agency is authorized to release the records listed below:

_____ **ALL of the following is available;** or (check selected items)

- _____ Academic grades
- _____ Attendance data
- _____ Discipline information
- _____ Group administered achievement/aptitude test scores
- _____ Individually administered achievement/aptitude test scores
- _____ Health data and/or medical reports-**including immunization records**
- _____ Psychological reports
- _____ Speech, language, and/or hearing evaluations
- _____ I.E.P.'s / M.F.E.'s
- _____ Other (specify) _____

Reason for request (check one): _____ To aid in present and future educational decisions
_____ Other (please explain): _____

Release Records TO: (Select one of the Riverside Local School District Buildings.)

_____ Buckeye Elementary
175 Buckeye RD
Painesville, OH 44077
Phone: 440-352-2191
Fax: 440-352-1087

_____ Leroy Elementary
13613 Painesville-Warren RD
Painesville, OH 44077
Phone: 440-358-8750
Fax: 440-254-0503

_____ LaMuth Middle School
6700 Auburn RD
Painesville, OH 44077
Phone: 440-354-4394
Fax: 440-354-8218

_____ Clyde C. Hadden Elementary
1800 Mentor AVE
Painesville, OH 44077
Phone: 440-354-4414
Fax: 440-354-8246

_____ Madison AVE Elementary
845 Madison AVE
Painesville, OH 44077
Phone: 440-357-6171
Fax: 440-357-5690

_____ Riverside Campus/JRW
625 Riverside DR
Painesville, OH 44077
Phone: 440-352-3345
Fax: 440-352-1278

_____ Hale Road Elementary
56 Hale RD
Painesville, OH 44077
Phone: 440-352-2300
Fax: 440-352-0665

_____ Melridge Elementary
6689 Melridge DR
Painesville, OH 44077
Phone: 440-352-3854
Fax: 440-352-2076

_____ Riverside Campus/RHS
585 Riverside DR
Painesville, OH 44077
Phone: 440-352-3341
Fax: 440-352-1257

I hereby grant permission for the release of the information checked above between the two parties listed.

(PRINTED name of Parent/Guardian/Student over 18)

SIGNATURE name of Parent/Guardian/Student over 18)

Date: _____

This Release is valid for one year from date signed.