

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, Ohio 44077

_____ Melridge Elementary
6689 Melridge Dr
Painesville, Ohio 44077

_____ Parkside Elementary
12428 Concord Hambden Rd
Concord, Ohio 44077

_____ Riverview Elementary
845 Madison Avenue
Painesville, Ohio 44077

_____ Lamuth Middle School
6700 Auburn Rd
Painesville, Ohio 44077

_____ Riverside Campus/RHS
585 Riverside Dr.
Painesville, Ohio 44077

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.