

FAX NUMBER: _____

**SOUTHWEST LICKING LOCAL SCHOOLS IRN#048041
REQUEST FOR RELEASE OF OR ACCESS TO A STUDENT'S RECORDS**

TO: _____
Previous School Attended

DATE: _____

Address (Street, City, State)

***Please note, if you do not release special education records from your office, please make a copy of this release form and send to the appropriate office.**

Student Name: _____

Date of Birth: ____/____/____ Grade: _____

- The student is being enrolled for the reason indicated below:
- Parent/Guardian now resides in our district
 - Foster/Court placed
 - Following a teaching parent
 - Board approved grandparent clause
 - Board approved Superintendent's agreement
 - Other _____

Special Education Records Requested Be Released and Forwarded to:
 Southwest Licking Local School District
 Office of Pupil Personnel
 927-A South Street
 Pataskala, Ohio 43062
 Fax: 740-927-4648

(please check appropriate boxes)

- IEP's – both current & initial
- Psychological Evaluation
- ETR and/or MFE – both current and initial

- Records Requested (please check appropriate boxes):**
- Official Administration Records including Grades
 - Competency Test Scores
 - Proficiency Test Scores
 - Standardized Achievement Test Scores
 - Intelligence and Aptitude Scores
 - Medical/Immunization Records
 - Attendance Records (Current Year)
 - Student SSID Number
 - Other _____

ENROLLMENT DATE: _____

Be Released and Forwarded To (circle one):

Etna Elementary
8500 Columbia Road
Pataskala, Ohio 43062
fax: 740-964-0129

Kirkersville Elementary
215 N. Fifth Street
Kirkersville, Ohio 43033
fax 740-964-1103

Pataskala Elementary
395 South High Street
Pataskala, Ohio 43062
fax 740-927-7259

Watkins Middle School
8808 Watkins Road SW
Pataskala, Ohio 43062
fax 740-927-2337

Watkins Memorial High School
8868 Watkins Road SW
Pataskala, Ohio 43062
fax 740-964-1480

Signature and Title of Southwest Licking School Official

PARENT/GUARDIAN AUTHORIZATION FOR RELEASE

I hereby authorize the school, institution, or individual indicated above to release and/or provide access to the records checked above.

 X

Signature of Parent, Legal Guardian or Adult Pupil