

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

TO: _____
Previous School, Institution, or Individual's Name

Address

DATE: _____

***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.**

It is requested that the school records as identified below of:

Student's Name

Address

_____/_____/_____
Present Grade Date of Birth

(_____)_____-_____
Telephone Number

- 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 tuition student
 - Board approved grandparent clause
 - Board approved Superintendent's agreement

- 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
- (please check appropriate boxes)**
- IEP's – both current & initial
 - Psychological Evaluation
 - Multifactor Evaluation – both current and initial
 - Initial Permission Form
 - Initial Request for Testing Form
 - Other

- 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

Be Released and Forwarded To (circle one):

Etna Elementary
8500 Columbia Road
Pataskala, Ohio 43062

Kirkersville Elementary
215 N. Fifth Street
Kirkersville, Ohio 43033

Pataskala Elementary
395 South High Street
Pataskala, Ohio 43062

Watkins Middle School
8808 Watkins Road SW
Pataskala, Ohio 43062

Watkins Memorial High School
8868 Watkins Road SW
Pataskala, Ohio 43062

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.

Signature of Parent, Legal Guardian or Adult Pupil

Address if different from that indicated above