#  School

**

Address

Columbus, OH Zip

Phone: (614)365-XXXX

Fax: (614)365-XXXX

*Mission: Each student is highly educated, prepared for leadership and service, and empowered for success as a citizen in a global community.*

**Records Request Form**

Date of Request: \_\_\_\_\_\_\_\_\_\_\_\_ Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_ Present Grade Level \_\_\_\_\_\_\_ Enrollment Date \_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Receiving School** | **Sending School Withdraw date:\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
| Columbus City School District – IRN 043802Receiving Reason: |  |
| \_\_\_\_\_\_Open Enrollment | **School Name District IRN** |
| \_\_\_\_\_\_Custody/Foster Placement |  |
| **\_\_\_\_\_\_\_** Court Placed in CCS District | **Address** |
| \_\_\_\_\_\_Special Education |  |
| **\_\_\_\_\_\_\_\_\_**Resident Student | **City State Zip Code** |

***Please complete form, make a copy for your records and return it with the student records requested below***.

**CUMULATIVE RECORD INFORMATION**

 Transcript/Report Card

 Standardized Test Scores

 Immunization Records/Health Records

 Vision/Hearing Screening

**SPECIAL EDUCATION RECORDS**

 Psychological Test Scores and Reports

 Observation Reports

 IEP (Individualized Education Program)

 ETR (Evaluation Team Report)

*In accordance with the Family Educational Rights and Privacy Act date June 17, 1976, parental permission is no longer required when records are requested by authorized school personnel*

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *(School Personnel)* |  | *Date* |
|  |  |  |
| (*Parent/Guardian Signature)* |  | *Date* |