



REYNOLDSBURG CITY SCHOOLS – IRN 047001

RECORDS RELEASE FORM – Reynoldsburg, OH 43068

Pursuant to the Family Educational Rights and Privacy Act ("FERPA"), 20 U.S.C. §1232g and Ohio Revised Code §3319.321, parental consent or consent from the student if he/she is age 18 or older ("eligible student") is required before personally identifiable information contained within the student's education records are disclosed, with limited exceptions as stated in 34 CFR 99.31. (See 34 CFR 99.31)

New School:
Please send records promptly.

Send Records to:

French Run Elem.
1200 Epworth Ave.
Tel (614) 367-1950
Fax (614) 367-1958

Herbert Mills Elem.
6826 Retton Rd.
Tel (614) 367-2160
Fax (614) 367-2168

Rose Hill Elem.
760 Rosehill Rd.
Tel (614) 367-2380
Fax (614) 367-2386

Slate Ridge Elem.
10466 Taylor Rd. SW
Tel (614) 501-5500
Fax (614) 501-5520

Summit Road Elem.
8591 Summit Rd.
Tel (614) 501-5530
Fax (614) 501-5699

Taylor Road Elem.
8200 Taylor Rd.
Tel (614) 367-2930
Fax (614) 367-2933

Waggoner Road Elem.
340 S. Waggoner Rd.
Tel (614) 501-5600
Fax (614) 501-5622

STEM @ Baldwin Road
2300 Baldwin Road
Tel (614) 367-1600
Fax (614) 367-1625

Waggoner Road Jr High
360 S. Waggoner Rd.
Tel (614) 501-5700
Fax (614) 501-5720

RHS: Livingston Campus
6699 E. Livingston Ave.
Tel (614) 501-4000
Fax (614) 501-2260

RHS: Summit Campus
8579 Summit Rd.
Tel (614) 501-2300
Fax (614) 501-2299

SECTION I: Student Information:

This provides authorization to release educational records and information relating to:

Student Name: _____ **DOB:** ___ / ___ / ___ **Current Grade Level:** _____

Former Street Address: _____ **City** _____ **State** _____ **Zip** _____

Custodial Parent / Guardian Name (please print): _____

SECTION II: Disclosure and Use of Educational Record / Signature and Acknowledgement

Name of PREVIOUS School: _____ Public Community
 Private Charter

Street Address of Previous School: _____

City _____ **State** _____ **Zip** _____ **Public School District:** _____

Phone Number (REQUIRED): _____ **Fax Number (REQUIRED):** _____

I hereby give my permission to the above referenced previous school to disclose educational records for the above referenced student and information in the manner described below to Reynoldsburg City School District. By signing below, I consent to the disclosure of the records listed below to the specified person(s)/organizations(s) for the purpose stated herein. Requests for revocation must be in writing. If not revoked, this consent will expire one year after the date on which the authorization is signed. If signed by the parent/guardian, he/she represents that the student has not yet reached the age of 18 at the time the consent was given. If signed by the student, he/she represents that he/she is at least 18 years old when consent was given.

Parent Signature x _____ **Date:** _____
Parent Signature Date

SECTION III: Purpose of Authorization:

The purpose of this disclosure of educational records or information is:

- Aid in making present/future educational decisions Assisting the student's absence intervention team and/or plan that was created in accordance with ORC §3321.191

FOR SCHOOL OFFICE USE ONLY:

Previous school please send: All Records

Transcript of Grades and Credits up to date of withdraw including most recent report card (*a must for athletic eligibility*)

All Test Results / Related Data (any standardized OST)
• Letter of Placement to 4th grade (if applicable)

TGRG – on / not on track letter and
• Intervention / Monitoring Plan (Ohio students – grades K-3)
• Tier I Dyslexia Screener Results

Current IEP / ETR / 504 and all Special Education Records
• All Psychological Reports (past/present)
• All information regarding counseling sessions

Gifted / Acceleration Identification – WEP or WAP

ESL / ELL Screening results & test administered

Other: _____

Health Records

- Immunization Records and TB test results
- Speech, language & hearing records (including all issues / concerns)

Attendance Records

- Absence Intervention Plan (if applicable)

Discipline Records (suspensions and/or expulsions)

Current Custody Documents (if applicable)

SSID Number (*Ohio Residents*)

District IRN (*Ohio Residents*)

Email records to the school at: _____@reyn.org

Projected Start Date (first day of class): _____

FOR OFFICE USE ONLY:

Date Data Received: _____

By: _____

Via: MAIL / FAX / EMAIL