CONSENT FOR RECORDS

RELEASE TO FINDLAY CITY SCHOOL DISTRICT

FINDLAY, OHIO 45840

WWW.FINDLAYCITYSCHOOLS.ORG

DISTRICT IRN # 043984

TO: _____
(former school name)

_____
(Street Address)

_____
(City, State, Zip Code)

PHONE: _____
(for former school)

RE: _____
(Student Name)

AGE: **DOB:** _____

GRADE: _____

FAX/EMAIL: _____
(for former school)

FROM:

Findlay High School
1200 Broad Avenue
Findlay, OH 45840

Stephanie Getui - Records
PHONE: 419-425-8270
EMAIL: sgetui@fcs.org
FAX: 419-427-5485

We are requesting the following information/records for the above-named student(s), as they are requesting to be enrolled in our district.

- [x] All personally identifiable data on file (IEP's, MFE's, SS#, Birth Certificate, Immunizations, Grades, Grad points summary, Helpful information for the Student's Transition, SSID number.)
- [ ] Special notes: _____
- [ ] State of Ohio End of Course Exams details

With the understanding that the district cannot assume responsibility for the confidentiality of educational information disclosed, I authorize you to release educational information regarding the student named above in the manner indicated.

_____
(Signature of parent/guardian)

_____
(Date)

_____
(Address)

_____
(City, State, Zip)