



ROCKY RIVER SCHOOL DISTRICT

**CONSENT FOR
RELEASE/SHARING
OF STUDENT RECORDS**

STUDENT'S NAME _____ GRADE _____ DATE OF BIRTH _____

LAST DAY IN ATTENDANCE _____

PARENT/GUARDIAN'S NAME _____ ADDRESS _____

As the parent or legal guardian of the above named child, I authorize the Rocky River Board of Education to release the following records. I have been advised that I have a right to request a hearing to review and to discuss the contents of the above record.

OR

Being 18 years of age, I hereby authorize the Rocky River Board of Education to release the following records. I have been advised that I have a right to request a hearing to review and to discuss the contents of the above record.

Parent or Guardian Signature

Signature of Student

CHECK ONE OR MORE:

- 1. _____ Directory Information
- 2. _____ Permanent/Cumulative Record
- 3. _____ Health Records
- 4. _____ Pupil Services Documentation *(check all that apply)* IEP/Psych IAT 504 ELL Gifted
- 5. _____ Other _____

RECORDS SHOULD BE RELEASED TO/SHARED WITH:

School/Institution/Employer/Person/Agency _____

Address _____ City _____ State _____ Zip _____

Phone _____

Reason for Request: _____ Withdrawal from Rocky River City School District
_____ To collaborate with school personnel in educational programming and decisions
_____ Other _____

FOR SCHOOL USE ONLY: DATE RECEIVED _____ BY _____ DATE DATA REQUESTED _____

DATE REQUESTED BY _____

ORIGINAL – INSTITUTION • YELLOW – PERMANENT RECORD • PINK – PARENT