

Rocky River City School District

1101 Morewood Parkway · Rocky River · Ohio · 44116
440-356-6000 · www.rrcs.org

RELEASE 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 REQUESTED OF:

School/Institution/Employer/Person/Agency _____

Address _____ City _____ State _____ Zip _____

Phone _____

Reason for Request: _____ Enrollment or Withdrawal from Rocky River City School District
_____ Other _____

Records can be emailed to registrar@rrcs.org

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

DATE REQUESTED BY _____

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



Rocky River
CITY SCHOOL DISTRICT
Caring • Exceptional • Competitive