

Rocky River City School District

1101 Morewood Parkway · Rocky River · Ohio · 44116

440-356-6006 · www.rrcs.org

Ms. Jennifer Norman, Executive Director

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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

PS/TR-3b:2019