

REQUEST FOR RELEASE OF STUDENT RECORDS

NAME OF STUDENT: _____ GRADE: _____

DATE OF BIRTH: _____ AGE: _____

PREVIOUS SCHOOL: _____

PREVIOUS SCHOOL ADDRESS: _____

PHONE: _____ FAX: _____

ENROLLMENT DATE: _____

The above student has enrolled in our school. Please forward the following records for this student to: Kim Leffler

Enrollment Coordinator

Waverly City Schools

1 Tiger Drive

Waverly, OH 45690

(740) 947-4770

(740) 947-4483 (fax)

Email: kleffler@waverlytigers.net

Please forward the following records that are applicable:

Birth Certificate

Social Security Number

Health Records

Custody Papers

Psychological

SSID Number

Academic Records

Test Scores

Discipline Records

Special Education Placement

Current IEP – ETR

Federal Law 9931 – No parent signature required for educational records sent to another educational agency.

Thank you.
