

WITHDRAWAL NOTICE  
COSHOCOTON CITY SCHOOLS  
1207 Cambridge Road  
Coshocton, Ohio 43812  
Phone 740-622-1901  
Fax 740-623-5805

As parent/legal guardian of \_\_\_\_\_

I hereby grant permission and take legal responsibility for this student to withdraw from  
Coshocton City Schools on this day \_\_\_\_\_

Current Address

Anticipated Address

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list the school that you anticipate your child will be attending:

\_\_\_\_\_  
\_\_\_\_\_

Please indicate the reason for this withdrawal:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

RECORDS RELEASED UPON WRITTEN REQUEST

**COSHOCTON HIGH SCHOOL**

**GUIDANCE OFFICE**

1205 Cambridge Road  
COSHOCTON , OHIO 43812  
Phone 740-623-5807 Fax 740-295-7718  
District IRN# 043828 Building IRN# 007427

**AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS**

The undersigned hereby requests the release of any of the items checked below from the school records of:

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
School Previously Attended

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

To the following person or agency:

**Coshocton High School  
Guidance Office**

Attn.: Lisa Garrett  
1205 Cambridge Road  
Coshocton, Ohio 43812

[lisa.garrett@coshoctoncityschools.com](mailto:lisa.garrett@coshoctoncityschools.com)

- Required records (name, address, birth date, sex, parents' address, attendance record, grades grade level, subjects completed, credits earned, and grades at time of withdrawal.
- Standardized Test Results (Ability, Achievement, Aptitude)
- Proficiency and Competency Test Results (Indicate per area: scores, passed, failed and dates tested)
- Personality and Interest Inventory Results
- Family Background Data - Guardianship Papers
- Record of Extracurricular Activities
- Health and Shot Records
- Psychological Reports (Multifacored or Team Reports) Most Recent
- IEP, 504 Plan and Placement Data - Special Education
- Individual Career Records (ICP)

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

OR

I hereby certify that I am 18 years old or am an emancipated minor, and I authorize the release of the school information marked above to the person or agency listed above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date