**JACKSON CENTER SCHOOLS**



204 South Linden Street, PO Box 849 *IRN - 049809*

Jackson Center, OH 45334

***Request for Release of Student Records***

TO Contact

Fax

Email

*Target*

*Requesting the school records as identified below of: Start Date:*

Student Name Date of Birth

New Address Current Grade

The student is being enrolled for the reason indicated:

Parent/Guardian now resides in our district

Foster/Court placed

Student approved on Open Enrollment

Student leaving a Non-Public school

**Records Requested** \***Special Education Records Requested**

Transcript/Grades at time of withdrawal  Please send ALL Special Education records that may apply:

State Assessments IEP’s - both current and initial, Psychologist Evaluation, Multi-

Medical/Immunization Records factored Evaluation – both current & initial. Initial Permission

Gifted/WEP Records Form, Initial Request for Testing Form, Special Ed, EMIS

Attendance Records (Current year) worksheet.

Birth Certificate *\*Please note, if you do not release special education records*

TGRG Information *from your office, please send a copy of this request to the*

Other *appropriate person.*

**Parent/Guardian Authorization for Release** I hereby authorize the school, institution, or individual indicated above to release and/or proved access to the records checked above.

**Signature Date**

Please scan the requested records and send via email to Deborah Tussing, Administrative Coordinator at [d\_tussing@jctigers.org](mailto:d_tussing@jctigers.org). Thank you.