**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. Thank you.