

SHELBY CITY SCHOOLS
PO BOX #31
SHELBY, OHIO 44875
PHONE: 419-342-3520
FAX #: 419-347-3586
IRN# 044776

PARENT/GUARDIAN/STUDENT CONSENT FOR RECORD RELEASE

TO: _____ School Phone#: _____ School Fax # _____
Name of SCHOOL student is withdrawing from

Address of SCHOOL student is withdrawing from, including City, State and Zip code

RE: _____ Grade _____ Age _____ Date of Birth _____
Name of student

A. You are authorized to release the records listed below for the above named student to:

Tim Tarvin, Superintendent
Attn: RECORDS
Fax # 419-347-3586
Or you may scan to: schroeder.fran@shelbyk12.org
Mailing address: PO Box 31
Shelby, Ohio 44875

B. Specific Data to be released:

- All personally identifiable data on file.
- Please send all academic records, copy of birth certificate, social security number, immunization records and any psychological test results on file. Custody papers if applicable.
- SSID number if applicable.
- IEP, ETR if applicable.

C. Reason for request:

- To aid in present and future educational decisions.

___ Other: _____

Thank You.

Signature of parent/guardian/student (student must be 18 years old to complete

Date: _____