



WICKLIFFE CITY SCHOOLS

Inspiring Students to Learn, Lead and Serve

CONSENT FOR RECORDS RELEASE

SCHOOL: _____ CONTACT: _____

PHONE: () _____ FAX: () _____ EMAIL: _____

The following student has enrolled in the Wickliffe City School district. You are authorized to release the records for the following student:

Student Name: _____ Date of Birth _____

Address: _____ Grade _____

If a 12th grader is this student on track to meet graduation requirements? Yes No

I HEREBY REQUEST THAT ALL RECORDS BE RELEASED FOR MY CHILD, INCLUDING, BUT NOT LIMITED TO:

- Educational Records (Transcripts, Report Cards, Achievement Test Scores, OGT Scale Scores, etc)
- Attendance Records
- Health Records/Immunizations
- IEP (including progress reports), MFE, 504 Plan, Psychological Reports / Special Education Reports
- Other

The purpose of this authorization:

- Aid in making present and future educational decisions
- RIMP (Reading Improvement and Monitoring Plan)
- Other

Expiration and Revocation

This authorization may be revoked (cancelled) at any time except to the extent that the District has already released personal health information prior to the revocation of this authorization. Requests for revocation must be in writing. To revoke the authorization, contact Wickliffe City Schools at **440-943-6900. If not revoked, this authorization will expire one year after the date on which the authorization is signed.**

(Date)

(Signature of parent/guardian or student, if 18 or older)

PLEASE SEND RECORDS TO:

**Kelly Pfundstein, Secretary for Attendance & Registration
Office at Wickliffe Middle School**

29240 Euclid Avenue

Wickliffe, OH 44092

Phone: 440-943-3220

Fax: 440-943-7755

Email: kelly.pfundstein@wickliffecsd.org