

PARENT/GUARDIAN/STUDENT CONSENT FOR RECORDS RELEASE

Crestwood Local Schools

TO: (The previous school district AND Building)

District Name: _____ Name of Student _____

Building Name: _____

Address: _____ Age: _____ Birthdate: _____

City, ST, Zip: _____

Phone#: _____ Fax #: _____

Please send, or preferably fax, the following requested records to:

**Crestwood Local Schools
Central Registration
4571 W. Prospect St.
Mantua, OH 44255**

**Phone: (330) 274-2293
Fax: (330) 274-3838**

We are requesting the following information for the above-named student:

- All Personally Identifiable data on file including: IEP, MFE, Immunization Records, all Test Scores, Report Cards/Grades, Custody Papers/Journal Entry, Birth Certificate, Social Security Card
- The following records only:

Reason for request (please check):

- To aid in making present and future educational decisions.
- Other (please specify): _____

With the understanding that the district cannot assume responsibility for the confidentiality of educational information disclosed, I authorize you to release education information regarding the student named above in the manner indicated.

(Signature of Parent/Guardian)

(Date)

(Address)

(City, State, Zip)

For Office Use Only:

Date Records Requested: _____

By Whom: _____
(Name/Position)

Date Copies Were Faxed: _____

By Whom: _____
(Name/Position)

Date Copies Were Mailed: _____

By Whom: _____
(Name/Position)