WEST GEAUGA LOCAL SCHOOL DISTRICT
STUDENT RECORD RELEASE

Note to Parent/Guardian: To facilitate your child's entry into the West Geauga Local School District or the sharing of student information with an outside agency, please complete this form. This authorization and the records provided will become part of your child's permanent record in accordance with the Family Educational Rights and Privacy Act (FERPA), Individuals with Disabilities Education Act (IDEA), and the Board of Education's Student Records policy.

Section I: Student Information

This form provides authorization to release education records and information relating to:

Student Name: _____ Date of Birth: _____

Section II: Disclosure and Sharing of Education Records

I hereby give my permission to disclose education records/information for the above-referenced student in the manner described below.

School District/ Agency: _____

Address:_____ City:_____ State: _____ Zip: _____

Phone: _____ **Fax**:_____

Section III: Description of Education Records and Information to be Disclosed

Records authorized for release:

☐ Official Transcripts
☐ Most Recent Grades
☐ Test Records
☐ Cumulative Records
☐ Attendance records
☐ Discipline Records
☐ Medical Reports
☐ Court Documents
☐ Special Education Records i.e., IEP/ ETR
☐ Student Accommodation Plans (504)
☐ Other_____

Section IV: Description of Persons/Entity Authorized to Receive and Use Released Information

Please fax or email records to:

☐ **West Geauga BOE**
8615 Cedar Road
Chesterland, OH 44026
ATTN: Kristen Montague
Fax: 440-729-5939
Email: Kristen.Montague@westg.org

☐ **Robert C. Lindsey Elementary**
11844 Caves Road
Chesterland, OH 44026
ATTN: Kelly Dolecek
Fax: 440-729-5989
Email: kelly.dolecek@westg.org

☐ **West Geauga High School** 13401
Chillicothe Road Chesterland, OH 44026
ATTN: Katie Sega
Fax: 440-729-5959
Email: Katie.Sega@westg.org

☐ **Westwood Elementary**
13738 Caves Road
Novelty, OH 44072
ATTN: Meghan Weissbrod
Fax: 440-729-5924
Email: meghan.weissbrod@westg.org

☐ **West Geauga Middle School**
8611 Cedar Road
Chesterland, OH 44026
ATTN: Becky Edwards
Fax: 440-729-5909
Email: Becky.Edwards@westg.org

Section V: Purpose of this Authorization.

The purpose of this release of educational records or information is:

☐ To aid in making present and future educational decisions ☐ Other: _____

Section VI: Expiration and Revocation.

This authorization may be revoked at any time, except to the extent that the District has already released personal information prior to the revocation of this authorization. Requests for revocation must be in writing. To revoke the authorization, contact the West Geauga Schools at (440) 729-5900. If not revoked, this authorization will expire one year after the date on which the authorization is signed.

Section VII: Signature and Acknowledgement. *I acknowledge that this authorization is voluntary and that I have received a copy of this authorization.*

Signature *(Parent/Guardian):* _____ **Date:** _____

Print Name (Parent /Guardian): _____