



**Registration Center  
Chillicothe City School District  
IRN # 043745  
Phone Number 740-775-4250 Ext 16120  
Fax Number 740-779-5364**

**Building Attending** \_\_\_\_\_

**REQUEST FOR RELEASE OF STUDENT RECORDS**

To: Previous School \_\_\_\_\_

Address/Phone #/Fax # \_\_\_\_\_

The following student has enrolled as:  
Resident of Chillicothe City School District: [ ]  
Open Enrolled Student from Your District: [ ]

Student's Full Name	Grade	Date of Birth

Start Date: \_\_\_\_\_ Please withdraw prior to this date.

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

**Cumulative Record Information**

**Special Education Records**

Withdrawal Grades  
Transcript / Report Card  
Explanation of Grading System  
Standardized Test Scores  
Immunization / Health Records  
Social Security Number  
Birth Certificate  
SSID #  
Custodial / Guardianship document  
Foster Placement Court document

I.E.P. / E.T.R. Reports  
Psychological Evaluation  
Any other records used for Special Education Placement

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

*According to the Federal Law – Family Education Rights & Privacy Act (FERPA) – it is no longer necessary to obtain written consent to release records between schools. It states that school officials, including teachers within the educational institution and officials of other school systems in which the student may intend to enroll, may receive a student’s record without written consent for such release.*

\_\_\_\_\_  
Parent/Guardian (Printed)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Parent/Guardian (Signature)