

Brecksville-Broadview Heights City School District

AUTHORIZATION FOR RELEASE AND/OR INFORMATION FROM RECORDS

Note: When submitted, this authorization will become part of the student's permanent record in accordance with the Family Rights and Privacy Act of 1974 and Board of Education Policy. The purpose of this request is to aid in planning present/future education for this student.

Student Name _____

Student Birthdate _____ Grade _____

Previous School District/School _____

Previous School Address _____

Previous School Phone _____ Fax _____

The School/Agency is authorized to release the records below:

- *Academic Grades
- *Attendance Data
- *Psychological Reports
- *Speech/Language evaluation and/or Hearing/Vision evaluation
- *Limited English Proficiency Scores (OELPA)
- *SAT, ACT, PSAT, Plan Results
- *All achievement/aptitude test scores
- *Special Education records – IEP, MFE, ETR, 504
- *All medical records including immunizations
- *SSID Number (please send this number on a post-it note attached to the first page)

The records are to be released to:

Grades K-5 Leslie Labbe, EMIS Coordinator, Brecksville-Broadview Heights City Schools
 6638 Mill Road
 Brecksville, Ohio 44141 440/740-4707 phone
 labbel@bbhcsd.org (email to scan documents)

Grades 6-8 Brecksville-Broadview Heights Middle School
 6376 Mill Road
 Brecksville, Ohio 44141 440/740-4400 phone 440/740-4456 fax

Grades 9-12 Brecksville-Broadview Heights High School
 6380 Mill Road
 Brecksville, Ohio 44141 440/740-4700 phone 440/740-4732 fax

I hereby grant permission for the release of information between the two parties.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date