

**KENT CITY SCHOOLS
PARENTAL/STUDENT REQUEST FOR RELEASE OF RECORDS**

Student's Full Name _____ Birthdate _____

Present Address _____
Street City State Zip Code

Previous School Name _____

Address _____

City, State, Zip _____

I hereby give my consent to the release of the above named student's records to:

Kent City Schools

321 N Depeyster St.

Kent, OH 44240

Check purpose for which the above person, school or agency is authorized to use the records:

As needed to provide the services of the school or agency

Other (please explain) _____

Please specify those records which are to be released:

Official permanent records: name, address, birthdate, grade level, grades, attendance records, parental data, promotion/retention records

Health Records

IEP's

Multi-factored Evaluation Reports

School Progress Reports/Report Cards

All State Diagnostic/Achievement Test Results (i.e. KRA-L, etc)

Signature _____ Date _____

Check one: Parent Legal Guardian Age of majority or emancipation

If not attending Kent City Schools, date last attended previous school _____

FOR SCHOOL USE ONLY

Date Received _____ By _____

Date Data Released _____ By _____

Date Copies Mailed _____ By _____

