MARGARETTA LOCAL SCHOOL DISTRICT
IRN 046805

Please send this information to (check one):

☐ Margaretta Board of Education	☐ Margaretta High/Middle School	☐ Margaretta Elementary School
3800 Maple Ave Castalia, OH 44824 Phone: 419-684-5322 Fax: 419-684-9003	209 Lowell Street Castalia, OH 44824 Phone: 419-684-5351 Fax: 419-684-5632	5906 W. Bogart Road Castalia, OH 44824 Phone: 419-684-5357 Fax: 419-684-5537

AUTHORIZATION FOR RELEASE OF RECORDS

Note to Parent/Guardian:
Most organizations require written permission from parents or guardians before they will release student records to other schools. To facilitate your child's entry into the Margaretta Local School District, please complete this form and we will send it to your child's previous school for their records. This authorization will become part of your child's permanent record in accordance with the Family Educational Rights and Privacy Act, Individuals with Disabilities in Education Act (IDEA), and the Board of Education's Student Records Policy.

Student's Name: _____
Last First Middle

Student's NewAddress:_____

DOB_____/_____/_____ Current Grade_____

Name of School Student is leaving_____IRN #_____

School Address_____ City_____State_____ Zip Code:_____

School Phone Number:_____ Fax Number:_____

Email Contact at Previous School:_____

Are you moving into the Margaretta School District? Yes ____ No - Open Enrolling _____

Last day attending previous school _____

I hereby authorize your organization, noted above, to furnish the Margaretta Local School District with all student records, including court documents, official transcripts, test records, medical records, references, individualized education plan (IEP), multi-factored evaluation (MFE), student accommodation plan (504), and/or psychological reports, Ohio Revised Code, Section 3313.642, states that only grades and credits may be withheld for nonpayment of fees and charges. All other records must be sent to the requesting school district, particularly a cumulative record of proficiency and/or achievement tests. It is understood that this information will be used in a confidential and professional manner.

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Parent/Guardian Signature **Date Requested**