

**MARGARETTA LOCAL SCHOOL DISTRICT**  
**IRN 046805**



Please send this information to (check one):

Margaretta Board of  
Education

Margaretta High/Middle  
School

Margaretta Elementary  
School

305 S. Washington Street  
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.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date Requested