

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS  
GRANDVIEW HEIGHTS CITY SCHOOLS

1) Name and Address of School, Individual or Agency to Release Information:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_

2) Student Information:

Student Name (full legal name) \_\_\_\_\_ Birthdate \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Current Grade \_\_\_\_\_ If New Enrollment – Date \_\_\_\_\_ If Withdrawal – Date \_\_\_\_\_

3) Records are to be released to:

District Fax: 614-481-3648

\_\_\_\_ Grandview Heights High School    \_\_\_\_ Grandview Heights Middle School    \_\_\_\_ Edison Intermediate    \_\_\_\_ Stevenson Elementary  
1587 W. Third Ave.    1240 Oakland Ave.    1240 Oakland Ave.    1065 Oxley Rd.  
Columbus OH 43212-2873    Columbus OH 43212-3396    Columbus OH 43212-3396    Columbus OH 43212-3598  
614-481-3620    614-481-3630    614-481-3630    614-481-3640  
  
\_\_\_\_ Pupil Services    Other: \_\_\_\_\_  
1587 W. Third Ave.    \_\_\_\_\_  
Columbus OH 43212-2873    \_\_\_\_\_

4) Reason for Release of Records:

Information to be released: \_\_\_\_ All records needed (including, but not limited to all items below [as grade appropriate]).  
If specific items are checked, you need only provide those records.

\_\_\_\_ Custody Papers    \_\_\_\_ Grades as of Withdrawal  
\_\_\_\_ Educational Records, Group Achievement/Ability    \_\_\_\_ Health/Immunization Records  
\_\_\_\_ Tests and other Standardized Test Scores    \_\_\_\_ Permanent/Cumulative Records  
\_\_\_\_ EMIS Number (State of Ohio)    \_\_\_\_ Proficiency Test Results (State of Ohio)  
\_\_\_\_ Grade Transcript (with explanation of grading scale)    \_\_\_\_ Special Education/Psychological Reports  
  
\_\_\_\_ Other: \_\_\_\_\_

I authorize release of any and all requested information to the above specified school, individual or agency in Section 3 above. Also, it is my understanding that any information received by the Grandview Heights City School District will not be further released without my appropriate written consent.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature (if 18 or older): \_\_\_\_\_ Date: \_\_\_\_\_

Note: Federal Law 99/.31 states that no parent signature is required for education records to be sent to another educational agency.

For School Use Only:    Date Requested: \_\_\_\_\_    Initials: \_\_\_\_\_    Date Sent: \_\_\_\_\_    Initials: \_\_\_\_\_  
Date Received: \_\_\_\_\_    Initials: \_\_\_\_\_