



Sandusky City Schools

407 Decatur Street • Sandusky, OH 44870-2442 • 419-626-6940

CONSENT FOR RELEASE OF STUDENT RECORDS 7-12

This signed form authorizes the release of student records to Sandusky City Schools and allows authorized school personnel and indicated others, to discuss records and progress.

Student's Name _____ Date of Birth _____

District of Residence _____ Grade _____

Last Date of Attendance _____ Last school year of attendance _____ - _____

____ Student is Open Enrolled in Sandusky City Schools (IRN 044743)

____ Student moved into Sandusky City School district on _____

Send to:

Sandusky Middle School
2130B Hayes Ave
Sandusky OH 44870-4740
Ph 419-984-1180
Fax 419-621-2849

Sandusky High School
c/o Guidance Department
2130 Hayes Ave
Sandusky OH 44870-4740
Ph 419-984-1083
Fax 419-624-3349

Sandusky Digital Learning Center
617 Jackson St
Sandusky OH 44870-2740
Ph 419-984-1060
Fax 419-502-2305

Please release the following information:

- All personally identifiable data
- Attendance Record
- Transcript of grades
- Standardized test scores
- Health/Immunization record
- Psychological Reports (IEP, MFE, Parent consent, etc.)
- Birth Certificate
- SSID Number (Ohio school systems only)
- Other _____
- Authorizes school personnel to discuss student's records and progress
- Authorizes the following additional people to discuss student's records and progress: _____

Enrollment Information:

As of (date) _____
 the student:
 ____ has Open Enrolled
 ____ is Court Placed
 ____ moved to Sandusky City Schools
 ____ other reason: _____
 Address: _____

Student Signature _____

or
Parent/Guardian Signature _____

(This signature is required of all students under 18 years of age.)

Date _____