



# 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 Avenue  
Sandusky OH 44870-4740  
Phone 419-984-1180  
Fax: 419-621-2849

**Sandusky High School**  
c/o Guidance Department  
2130 Hayes Avenue  
Sandusky OH 44870-4740  
Phone 419-984-1083  
Fax: 419-624-3349

**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 \_\_\_\_\_

**Enrollment Information:**

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

- Authorizes school personnel to discuss student's records and progress
- Authorizes the following additional people to discuss student's records and progress: \_\_\_\_\_

Student Signature \_\_\_\_\_

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

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

Date \_\_\_\_\_