Consent for Release of Student Records

To Whom It May Concern:

The student named below has registered at Highland Community Learning Center
Please release the records for:

Student: _____ Date of Birth: _____
Last First Middle Initial

Address: _____

City _____ State _____ Zip _____

Grade Level _____ School _____ School District _____

Address _____

City _____ State _____ Zip _____

School Phone (_____) _____ School Fax (_____) _____

Please forward the records identified below to:
Highland Community Learning Center
Attn: Student Records
Highland Community Learning Center
5120 Godown Road
Columbus, Ohio 43220
Phone: 614-210-0830
Fax: 614-210-7201

I authorize the release of records including IEP and ETR records for the above named student.

Parent/Guardian Signature: _____ Date: _____

Please forward the following records:

Transcript of All Grades and Credits
Ohio Proficiency Test Results
Behavior Reports/Assessments
Attendance Records
Adoption/Custody Papers (if applicable)
IEP and ETR Records (if applicable)
Withdrawal Grades and Credits Received
Standardized Test Results
Speech Therapy
Health Records
Psychological Reports (if applicable)
Vocational Evaluation (if applicable)

If records are not available, please return this request indicating the following:

No Records Available Reason(s) _____

Unable to send Records Reason(s) _____

If you have any questions please call us at (614) 210-0830
*Written consent for release is no longer required when records are requested by authorized school personnel. (Educational Amendments of 1974, "Protection of the Rights and Privacy of Parents and Students" Section 438, Subsections (b) (1) Parts A and B pages 97).