

MEMORIAL HIGH SCHOOL

280 Sixth St., Campbell, OH 44405
PHONE (330) 799-1515 – Fax (330) 799-6390

STUDENT WITHDRAW RECORD RELEASE

The following student withdrew from Memorial High School:

STUDENT'S NAME _____

ADDRESS _____

CITY, STATE, & ZIP _____

DATE OF BIRTH _____ GRADE _____

I authorize and request MEMORIAL HIGH SCHOOL to release and forward the following records regarding the above-named student. I understand that in compliance with Public Law 93-380, these records will be used for educational purposes and will not be released to anyone without my permission.

- Please forward:
1. Academic Record
 2. Attendance Record
 3. Health Record
 4. Proficiency Results
 5. Psychological (If Applicable)

I authorize and request:

NAME OF SCHOOL _____

ADDRESS _____

CITY, STATE, & ZIP _____

PHONE NUMBER _____

(Signature of Parent/Guardian)

(Relationship)

(Date)