

Memorial High School

280 Sixth Street
CAMPBELL, OHIO 44405
(330) 799-1515
(330) 799-6390 FAX

STUDENT REGISTRATION

AUTHORIZATION & REQUEST FOR RELEASE OF RECORDS

RE: _____

STUDENT	DATE			
_____	_____			
ADDRESS	BIRTHDATE			
_____	_____			
CITY	STATE	ZIP	GRADE	DATE LEAVING
_____	_____	_____	_____	_____

I authorize and request _____ to release and forward the following records regarding the above named student:

- A. Personal data which identifies the student
- B. Attendance Data
- C. Description of student's progress (Transcript)
- D. Other records promote the educational welfare of the student
- E. Health Records
- F. Current grades and testing information
- G. Psychological testing information / individual education plans (IEP)

Remit To: Memorial High School
280 Sixth Street
Campbell, Ohio 44405

Signature of Parent or Guardian

Relationship

Date