

Campbell Middle School

2002 Community Circle

Campbell, OH 44405

330-799-0054 Phone

330-799-8259 Fax

STUDENT REGISTRATION

AUTHORIZATION & REQUEST FOR RELEASE OF RECORDS

Re: _____
Student's Name _____ Date _____
_____ Birthdate _____
Address _____
_____ 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 as promote the educational welfare of the student
- e. Health Records
- f. Current Grades and testing information
- g. Psychological testing Information/ Individual Education Plans (IEP)

To: Campbell Middle School
2002 Community Circle
Campbell, OH 44405

Signature of Parent or Guardian

Relationship to Student

Date