



BEACHWOOD CITY SCHOOLS
CONSENT FOR RECORDS RELEASE

STUDENT NAME: _____

DATE OF BIRTH: _____ GRADE ENTERING _____

The above named student has enrolled in the Beachwood City School District. We are requesting the following information/records on the above named student be released from:

Previous School Attended: _____

Address: _____

City, State, Zip _____

Phone: (_____) _____ Fax: (_____) _____

_____ Transcripts/Academic Grades (including interims) for current & prior years

_____ Standardized Test Scores (achievement/ability, competency, proficiency, etc.)

_____ Attendance History

_____ Health & Immunization Records

_____ Multifactorial Evaluation Report/IEP/504 Plan (any other special education reports including psychological tests)

_____ All of the above

_____ Individual Career Plan (for high school students only, if applicable)

_____ Other: _____

Please send records to (check one of the following):

Bryden Elementary
25501 Bryden Road
Beachwood, OH 44122
Phone: 216-831-3933
Fax: 216-292-2375

Hilltop Elementary
24524 Hilltop Dr.
Beachwood, OH 44122
Phone: 216-831-7144
Fax: 216-292-4236

Beachwood Middle School
2860 Richmond Road
Beachwood, OH 44122
Phone: 216-831-0355
Fax: 216-831-1891

Beachwood High School Guidance Office
25100 Fairmount Blvd.
Beachwood, OH 44122
Phone: 216-831-2080
Fax: 216-292-2377

With the understanding that the district cannot assume responsibility for the confidentiality of educational information disclosed, I authorize you to release educational information regarding the student named above in the manner indicated.

Date

Signature of Parent/Guardian

Address

City, State, Zip