



Consent for Release of Student Records

To Whom It May Concern:

The student named below has registered at North Central Academy.
Please release the records for:

Student _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Grade _____

School _____ School District _____

School Address _____

School City _____ State _____ Zip _____

School Phone _____ School FAX _____

Please forward the records identified below to:

North Central Academy
Attn: Student Records
928 West Market Street, Suite B
Tiffin, Ohio 44883
419-448-5786 Fax 419-448-5789

I authorize the release of records including I.E.P. and M.F.E. records for the above named student.

Parent/Guardian Signature _____ Date _____

Please forward the following records:

- | | |
|---|--|
| <input type="checkbox"/> Transcript of All Grades and Credits | <input type="checkbox"/> Adoption/Custody Papers (if applicable) |
| <input type="checkbox"/> Withdrawal Grades and Credits Received | <input type="checkbox"/> Psychological Reports (if applicable) |
| <input type="checkbox"/> Ohio Proficiency Test Results | <input type="checkbox"/> I.E.P. and M.F.E. Records (if applicable) |
| <input type="checkbox"/> Standardized Test Results | <input type="checkbox"/> Vocational Evaluation (if applicable) |
| <input type="checkbox"/> Attendance Records | <input type="checkbox"/> Intervention Assistance Team Reports |
| <input type="checkbox"/> Health Records | |

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

No Records Available. Reason: _____

Unable to Send Records. Reason: _____

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, Subsection (b) (1), Parts A and B page 97).