

Riverside Local School District
AUTHORIZATION FOR RELEASE OF RECORDS/INFORMATION

Please note that, when submitted, this authorization form will become a part of the student's permanent school record in accordance with the Family Educational Rights and Privacy Act of 1974 and Board of Education policy.

Student's Full Name: _____ Birth Date: _____

Release Records FROM: (Name of previous school) _____

Full Address
Of Previous School _____ Phone # _____

Last day in Attendance _____ Grade at date of W/D _____

The above person/agency is authorized to release the records listed below:

_____ **ALL of the following is available;** or (check selected items)

_____ Academic grades

_____ Attendance data

_____ Discipline information

_____ Group administered achievement/aptitude test scores

_____ Individually administered achievement/aptitude test scores

_____ Health data and/or medical reports

_____ Psychological reports

_____ Speech, language, and/or hearing evaluations

_____ Other (specify) _____

_____ **I.E.P's / M.F.E's**

_____ **504**

Reason for request (check one): _____ To aid in present and future educational decisions
_____ Other (please explain): _____

Release Records TO: (Select one of the Riverside Local School District Buildings)

_____ Buckeye Elementary
175 Buckeye RD
Painesville, OH 44077
Phone: 440-352-2191
Fax: 440-352-1087

_____ Parkside Elementary
12428 Concord Hambden RD
Concord, OH 44077
Phone: 440-358-8750
Email: pes.office@riversideschools.net

_____ LaMuth Middle School
6700 Auburn RD
Painesville, OH 44077
Phone: 440-354-4394
Fax: 440-354-8218

_____ Riverview Elementary
845 Madison Avenue
Painesville, OH 44077
Phone: 440-357-6171
Email: res.office@riversideschools.net

_____ Melridge Elementary
6689 Melridge Dr
Painesville, OH 44077
Phone: 440-352-3854
Fax: 440-352-2076

_____ Riverside Campus/JRW
625 Riverside DR
Painesville, OH 44077
Phone: 440-352-3345
Fax: 440-352-1278

I hereby grant permission for the release of the information checked above between the two parties listed.

(PRINTED name of Parent/Guardian/Student over 18)

(SIGNATURE name of Parent/Guardian/Student over 18)

Date of Authorization: _____

****This Release is valid for one year from date signed***