

Consent for Student Record Release

West Muskingum Local School District

STUDENT NAME: _____ TODAY'S DATE: _____

ADDRESS: _____ DOB: _____

AGE: _____ GRADE: _____ PHONE: _____

SCHOOL PREVIOUS ATTENDED: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

A. YOU ARE HEREBY AUTHORIZED TO RELEASE THE RECORDS FOR THE ABOVE NAMED STUDENT TO:

(circle appropriate building)

WEST MUSKINGUM HIGH SCHOOL

150 Kimes Road, Zanesville, OH 43701
Telephone: (740) 455-4050
FAX: (740) 452-7648

WEST MUSKINGUM MIDDLE SCHOOL

100 Kimes Road, Zanesville, OH 43701
Telephone (740) 455-4055
FAX: 740-455-9717

WEST MUSKINGUM ELEMENTARY

200 Kimes Road, Zanesville, OH 43701
Telephone: (740) 455-4058
FAX: (740) 455-2592

B. SPECIFIC DATA TO BE RELEASED: (PLEASE CHECK)

_____ All personally identifiable data on file, including health records.

_____ All personally identifiable data on file including all documentation for placement in the special education program, i.e., current MFE, IEP, and psychological evaluations and testing materials.

The following records only: _____

C. REASON FOR REQUEST: (PLEASE CHECK)

_____ To aid in present and future educational decisions.

_____ Other (specify): _____

Student will attend West Muskingum Schools on open enrollment _____ Yes _____ No

Parent/Student Signature *(student must be 18 years or older)*

Date

Address

City

State

Zip

For Office Use Only: Date Received: _____ By: _____