

# COSHOCTON CITY SCHOOLS

1207 Cambridge Road  
COSHOCTON , OHIO 43812  
Phone 740-622-1901 Fax 740-623-5805

## AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

The undersigned hereby requests the release of any of the items checked below from the school records of:

_____	_____
Name of Student	School Previously Attended
_____	_____
Social Security Number	Date of Birth

To the following person or agency:           Coshocton City Schools  
  Attn.: Becky Fletcher  
  1207 Cambridge Road  
  Coshocton, Ohio 43812

- ( ) Required records (name, address, birth date, sex, parents' address, attendance record, grades grade level, subjects completed, credits earned, and grades at time of withdrawal.
- ( ) Standardized Test Results (Ability, Achievement, Aptitude)
- ( ) Proficiency and Competency Test Results (Indicate per area: scores, passed, failed and dates tested)
- ( ) Personality and Interest Inventory Results
- ( ) Family Background Data - Guardianship Papers
- ( ) Record of Extracurricular Activities
- ( ) Health and Shot Records
- ( ) Psychological Reports (Multifactor or Team Reports) Most Recent
- ( ) IEP, 504 Plan and Placement Data - Special Education
- ( ) Individual Career Records (ICP)

_____	_____
Signature of Parent or Guardian	Date
OR	

I hereby certify that I am 18 years old or am an emancipated minor, and I authorize the release of the school information marked above to the person or agency listed above.

_____	_____
Signature	Date