



1) Records to be released from (if enrolling) or Records to be released to (if withdrawing):

Name: _____

Address: _____

City/State/Zip: _____ Phone: _____ Fax: _____

2) Student Information

Student Name (full legal name): _____ DOB: _____

Address: _____

City/State/Zip: _____ Phone: _____

Current Grade: _____ If new Enrollment – Date: _____ If Withdrawal – Date: _____

3) Records are to be released to:

- Grandview Heights High School, Larson Middle School, Edison Intermediate, Stevenson Elementary
1587 West Third Avenue, 1240 Oakland Avenue, 1240 Oakland Avenue, 1065 Oxley Road
Columbus, OH 43212, Columbus, OH 43212, Columbus, OH 43212, Columbus, OH 43212
614-485-4000 (o), 614-485-4100 (o), 614-485-4100 (o), 614-485-4200 (o)
614-485-1067 (f), 614-481-3628 (f), 614-481-3628 (f), 614-429-6083 (f)

GHS Student Services, 1587 West Third Avenue, Columbus, OH 43212, 614-485-4031 (o); 614-481-4241 (f)
Other: _____

4) Reason for Release of Records: _____

Information to be released: _____ All records needed (including, but not limited to all items below (as grade appropriate).
If specific items are checked, you need only provide those records.

- Custody Papers, Educational Records, Group Achievement/Ability, Tests and Other Standardized Test Scores, Health/Immunization Records, Permanent/Cumulative Records, Other: _____
EMIS Number (State of Ohio), Grade Transcript (w/ grading scale explanation), Grades as of Withdrawal, Proficiency Test Results (State of Ohio), Special Education/Psychological Reports

I authorize release of any/all requested information to the above specified school, individual, or agency in Section 3 above. Also, it is my understanding that any information received by the Grandview Heights Schools will not be further released without my appropriate written consent.

Parent/Guardian Signature: _____ Date: _____

Student Signature (if 18 or older): _____ Date: _____

Note: Federal Law 99/.31 states that no parent signature is required for education records to be sent to another educational agency.

For School Use Only: Date Requested: _____ Initials: _____ Date Sent: _____ Initials: _____
Date Received: _____ Initials: _____ (Form Updated: 5/2018)