

Note to Parent/Guardian: To facilitate your child's entry into the West Geauga Local School District, please complete this form and we will send it to your child's previous school for his/her records. This authorization and the records provided will become part of your child's permanent record in accordance with the Family Educational Rights and Privacy Act (FERPA), Individuals with Disabilities Education Act (IDEA), and the Board of Education's Student Records policy.

Section I: Student Information.

This form provides authorization to release education records and information relating to:

Student Name: _____ Date of Birth: _____

Section II: Disclosure and Use of Education Records.

I hereby give my permission to disclose education records / information for the above-referenced student in the manner described below.

Previous School District: _____

Building Last Attended: _____

Previous Building Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Section III: Description of Education Records and Information to be Disclosed.

Records authorized for release:

- Official Transcripts
- Most Recent Grades
- Test Records
- Cumulative Records
- Student's SSID#
- Attendance records
- Discipline Records
- Medical Reports
- Court Documents
- Individualized Education Plans (IEP)
- Student Accommodation Plans (504)
- Multi Factored Evaluation Team Reports (MFE/ETR)
- Psychological Reports

Ohio Revised Code, Section 3313.642 states that only grades and credits may be withheld for nonpayment of fees and charges. All other records must be sent to the requesting school district, particularly a cumulative record of proficiency tests. It is understood that this information will be used in a confidential and professional manner.

Section IV: Description of Persons/Entity Authorized to Receive and Use Released Information.

Please fax or email records to:

- West Geauga BOE**
8615 Cedar Road
Chesterland, OH 44026
ATTN: Toni Morin
Fax: 440-729-5939
Email: Toni.Morin@westg.org
- West Geauga High School**
13401 Chillicothe Road
Chesterland, OH 44026
ATTN: Vickie Vlah
Fax: 440-729-5959
Email: Vickie.Vlah@westg.org
- West Geauga Middle School**
8611 Cedar Road
Chesterland, OH 44026
ATTN: Kathy DePetro
Fax: 440-729-5909
Email: Kathy.Depetro@westg.org
- Robert C. Lindsey Elementary**
11844 Caves Road
Chesterland, OH 44026
ATTN: Laura Palmer
Fax: 440-729-5989
Email: Laura.Palmer@westg.org
- Westwood Elementary**
13738 Caves Road
Novelty, OH 44072
ATTN: Linda Domonkos
Fax: 440-729-5924
Email: Linda.Domonkos@westg.org

Section V: Purpose of this Authorization.

The purpose of this release of educational records or information is:

- To aid in making present and future educational decisions
- Other: _____

Section VI: Expiration and Revocation.

This authorization may be revoked at any time except to the extent that the District has already released personal information prior to the revocation of this authorization. Requests for revocation must be in writing. To revoke the authorization, contact the West Geauga Schools at (440) 729-5900. If not revoked, this authorization will expire one year after the date on which the authorization is signed.

Section VII: Signature and Acknowledgement.

I acknowledge that this authorization is voluntary and that I have received a copy of this authorization.

Signature (Parent/Guardian): _____ Date: _____