Orange SCHOOLS

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

Please release all school records including:
__ Cumulative records (including attendance)
__Transcripts
__ Health Records
__ Group test scores – Proficiency test scores (Gr. 4, 6, 8, 12)
__ Psychological reports and Multi-Factored Evaluations (M.F.E.)
__ Individual Educational Plans (I.E.P.)
__ Related special educational forms, as applicable
__ 504 Plan

Student's Name: _____

Student's Date of Birth: _____ Student's Age: _____

Last Grade Attended: _____ Grade to be entered at Orange_____

I authorize the school to release copies of student records the Orange City School District.

_____
Signature of parent/guardian

Please mail originals to:
Orange City School District
32000 Chagrin Boulevard
Pepper Pike, Ohio 44124

Attention:
__Moreland Hills Elementary __Brady Middle School __Orange High School
___Dept. of Special Ed.

Fax copies to:
___Moreland Hills Elementary 216-831-4298
___Brady Middle School 216-839-1335
___Orange High 216-839-1821

___Dept. of Special Education 216-831-8029

Name of School:_____

Address:_____

City: _____State:_____ Zip Code:_____

Phone Number: _____ Fax Number: _____