Riverside Local Schools (IRN 047894)

Authorization for the Records Release and/or Information for Student Records

Please note that, when submitted, this authorization form will become a part of the student's permanent school record in accordance with the Family Educational Rights and Privacy Act of 1974 and Board of Education Policy.

The following student has enrolled in our district:

Student Name: _____ Birth Date: _____

Last Day of Attendance: _____ Grade: _____

Previous School/Agency: _____

Address: _____

Please print clearly and include city, state and zip code

School Phone#: _____ Fax: _____

I HEREBY REQUEST THAT ALL RECORDS FOR MY CHILD, INCLUDING, BUT NOT LIMITED TO:

- Student SSID#
- Academic Grades
- Attendance Data
- Discipline Information
- Standard Test Data/Assessment Scores
- Health Data and/or Medical Reports
- Custody Papers
- Psychological Reports
- Individual Education Plan/Multi-factored Evaluation
- 504 Plan
- Speech/Hearing/Language Evaluations
- RIMP & EMIS RIMP Code
- Gifted Record/LEP Status (Language Assessment Scores)
- Other (Specify): _____

The purpose of this authorization is to aid in making present and future education decisions or _____

_____

☐ Buckeye Elementary
175 Buckeye Rd
Painesville, OH 44077
Ph: (440) 352-2191
jaime.steen@riversideschools.net

☐ Parkside Elementary
12428 Concord Hamden Rd
Concord Twp., OH 44077
Ph: (440) 358-8750
pes.office@riversideschools.net

☐ LaMuth Middle School
6700 Auburn Rd
Painesville, OH 44077
Ph: (440) 354-4394
tracy.frank@riversideschools.net

☐ Melridge Elementary
6689 Melridge Rd
Concord Twp., OH 44077
Ph: (440) 352-3854
mel.office@riversideschools.net

☐ Riverview Elementary
845 Madison Ave
Painesville, OH 44077
Ph: (440) 357-6171
res.office@riversideschools.net

☐ Riverside Campus
585 Riverside Dr
Painesville, OH 44077
(440) 352-3345
RHS: Carla.keller@riversideschools.net

I hereby grant permission for the release of the information checked above between the two parties listed.

_____ _____

PRINTED name of Parent/Guardian/Student over 18 SIGNATURE of Parent/Guardian/Student over 18

Date: _____ ***This release is valid for one year from the date signed ***