



137 Clough St. Bowling, OH 43402
Phone: 419-352-3576 Fax: 419-352-1701

Parental Consent for Record Release

Student Name \_\_\_\_\_

Student D.O.B \_\_\_\_\_

Starting Date \_\_\_\_\_

Name of Previous School \_\_\_\_\_

School Address \_\_\_\_\_

School Phone and Fax Number \_\_\_\_\_

Student Status: \_\_\_ Bowling Green Resident \_\_\_ Open Enrolled \_\_\_ Court Placed

Please send all records relating to the past school years/specific data to be released to:

Table with 2 columns and 3 rows listing school contact information: Bowling Green High School, Bowling Green Middle School, Conneaut Elementary School, Crim Elementary School, Kenwood Elementary School, and Bowling Green Preschool.

Please include the following:

- List of records to be included: State ID Number, Birth Certificate, Social Security #, Health and Immunizations, Attendance and Discipline Records, Transcripts, Withdrawal Grades, District and Ohio Proficiency, Psychological Reports, Special Education Records (ETR, IEP, 504 ...), Custody Papers and Journal Entries, ECO Testing ( Preschool Only), Home Language Survey, Other \_\_\_\_\_

I am the parent / legal guardian of the above named child. I am transferring to Bowling Green School District and I am authorizing release of records to Bowling Green Schools.

\_\_\_\_\_
Date

\_\_\_\_\_
Printed Name of Parent / Legal Guardian

\_\_\_\_\_
Signature of Parent/Legal Guardian

\*Parent signature for release of records to another educational institution is NOT REQUIRED as stated by Ohio Revised Code 3319.321 Section C.