



137 Clough St. Bowling Green, 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:

Bowling Green High School Attn: Kathy Hershberger 530 West Poe Rd. Bowling Green, OH 43402 419-354-0100 ext.1010 Phone Please scan and email to: <input type="checkbox"/> khershberger@bgcs.k12.oh.us	Bowling Green Middle School Attn: Tracy Loescher 1079 Fairview Ave. Bowling Green, OH 43402 419-354-0200 ext.2005 Phone Please scan and email to: <input type="checkbox"/> tloescher@bgcs.k12.oh.us
Conneaut Elementary School Attn: Melissa Carrillo 542 Haskins Rd. Bowling Green, OH 43402 419-352-3576 ext. 4021 Phone Please scan and email to: <input type="checkbox"/> mcarrillo@bgcs.k12.oh.us	Crim Elementary School Attn: Melissa Carrillo 1020 Scott Hamilton Dr. Bowling Green, OH 43402 419-352-3576 ext. 4021 Phone Please scan and email to: <input type="checkbox"/> mcarrillo@bgcs.k12.oh.us
Kenwood Elementary School Attn: Melissa Carrillo 710 Kenwood Ave. Bowling Green, OH 43402 419-352-3576 ext. 4021 Phone Please scan and email to: <input type="checkbox"/> mcarrillo@bgcs.k12.oh.us	Bowling Green Preschool Attn: Ruby Watkins 1020 Scott Hamilton Dr. Bowling Green, OH 43402 419-352-3576 ext. 4031 Phone Please scan and email to: <input type="checkbox"/> rwatkins@bgcs.k12.oh.us

Please include the following:

- 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.**