



FIELD LOCAL SCHOOL DISTRICT Student Records Request

_____ Date Enrolling into Field Schools

_____ Date Withdrawing from Field Schools

Student: _____

Address: _____

Date: _____ Birthdate: _____ Age: _____

Coming from or Going to School Name: _____
School Address: _____ Last/Current Grade: _____

Please release all school records including:

Cumulative records (including attendance and discipline records)
Grades to date of Withdrawal
Transcripts (grades 9-12+)/Copy of Report Card (grades KG-8)
Health and Immunization Records
Group test scores – Achievement/OAT/OGT
Ohio Test of English Language Acquisition (OTELA) Scores or Equivalent

K-RAL Scores, if applicable
Psychological reports and Evaluation Team Report (ETR), if applicable
Individualized Educational Plan (IEP), if applicable
504 Plan, if applicable
Related Special Educational Forms, as applicable
Gifted or Title I Plans, if applicable

Please mail or fax to:

Suffield Elementary
1128 Waterloo Road
Mogadore, Ohio 44260
(330) 628-3430
(330) 628-9160 (Fax)

Brimfield Elementary
4170 State Route 43
Kent, Ohio 44240
(330) 673-8581
(330) 677-2519 (Fax)

Field High School
2900 State Route 43
Mogadore, Ohio 44260
(330) 673-9591
(330) 677-2520 (Fax)

Field Middle School
1379 Saxe Road
Mogadore, Ohio 44260
(330) 673-4176
(330) 673-5024 (Fax)

Field Special Services
2900 State Route 43
Mogadore, Ohio 44260
(330) 673-2659
(330) 673-0270 (Fax)

With the understanding that the district cannot assume responsibility for the confidentiality of educational information disclosed, I authorize you to release educational information regarding the student named in the manner indicated.

Date

Signature of parent/guardian/student*
(*Student must be 18 years old or older)

Field Local Schools IRN# 049197

Please provide us with your District IRN# _____

FOR OFFICE USE ONLY

Date Data Released _____

By _____
Name/Position

Date Copies Mailed _____

By _____
Name/Position