



East Liverpool Christian School

46682 FLORENCE STREET EAST LIVERPOOL, OHIO 43920

PHONE: [330]385.5588 FAX: [330]385.1267

Parental Consent for Record Release

I, the parent/legal guardian or student of legal age, authorize to release the school records of _____ Date of Birth: _____
to East Liverpool Christian School.

Specific data to be released:

- | | |
|--|--|
| <input type="checkbox"/> Identifying data | <input type="checkbox"/> Health data |
| <input type="checkbox"/> Academic work | <input type="checkbox"/> Family background information |
| <input type="checkbox"/> Level of achievement | <input type="checkbox"/> Teacher or counselor ratings and observations |
| <input type="checkbox"/> Grades | <input type="checkbox"/> Verified reports of serious recurrent behavior patterns |
| <input type="checkbox"/> Standardized achievement scores | <input type="checkbox"/> Evaluation Team Report |
| <input type="checkbox"/> Attendance data | <input type="checkbox"/> I.E.P. (Individual Educational Plan) |
| <input type="checkbox"/> Intelligence aptitude | <input type="checkbox"/> Child Information Management Record |
| <input type="checkbox"/> Psychological tests | |
| <input type="checkbox"/> Interest inventory results | |

ALL ABOVE WHERE APPLICABLE

Yes No , I do/do not desire a copy of the records/data to be released to me.

Send to: _____
Former School Address City State Zip

Note: There is a charge of \$5.00 for each personal copy of records. Records sent to other school systems, agencies, etc. will be free.

- Check one: () Parent
() Legal Guardian
() Student of Legal Age

Date _____ Signature _____

RECORD OF RELEASE

Date Received _____ Date Released _____

Date Mailed _____ By _____

This request, when submitted, will become a part of the permanent record.