

Student Record Release

IRN: 049916

Osnaburg Local School

310 Browning Street

East Canton, OH 44730

330-488-0334

(Name of Student)

Consent for Record Release

Requesting Records From

In compliance with the Family Educational Rights and Privacy Act of 1974, this release form has been designed for Stark County Schools. I understand, as parent or guardian, I have access to all pertinent information in the Student Record File.

Being legally responsible for _____, I give permission to release school records consisting of student name, date of birth, home address, phone number, school grades, attendance record, standardized test scores, health record, IEP, and psychologist reports to the below stated organization.

Release all Data that is applicable _____

I am _____ Parent _____ Legal Guardian _____ Student of Legal Age

Date: _____ Signature _____

Please Send Records to:

Osnaburg Local School
310 Browning Street
East Canton, OH 44730

Elementary School: Attn: Jan Edwards Fax# 330-488-4014 Grades K-5

Middle School: Fax# 330-488-4004 Grades 6-8

High School: Attn: Theresa Kimbel Fax# 330-488-4015 Grades 9-12