

**Chardon Local Schools
428 North Street
Chardon, Ohio 44024**

REQUEST FOR RELEASE OR TRANSFER OF SCHOOL RECORDS

It is requested that an official copy of the school records of:

NAME OF STUDENT _____

BIRTHDATE _____ GRADE _____

SCHOOL LAST ENROLLED _____

SCHOOL ADDRESS _____

Be transferred as soon as possible to:

SCHOOL _____

ADDRESS _____

Principal/Counselor

.....
I give my permission to release the school records of:

_____ Student To _____ School

Parent's Signature

Date records sent:

Date psychological records sent:
