

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

REQUEST FOR RELEASE OR TRANSFER OF SCHOOL RECORDS

It is requested that an official copy of the school grades and test scores, medical/immunizations, psychological, and special education records of:

NAME OF STUDENT _____

BIRTHDATE _____ CURRENT GRADE _____

SCHOOL LAST ENROLLED _____

SCHOOL ADDRESS _____

PHONE AND FAX NUMBER _____

Be released and transferred as soon as possible to:

Chardon High School
Guidance Office
151 Chardon Ave.
Chardon, Oh 44024
FAX: 440-285-9419
OFFICE: 440-285-4060

Signature and Date

Principal/Counselor/Secretary



I give my permission to release the school records of:

Student

To _____
School

Parent's Signature

Date records sent:

Date psychological records set:
