

**PARENT/GUARDIAN/STUDENT CONSENT FOR RECORDS RELEASE**

Crestwood Local Schools – **District IRN: 049189**

**TO: (The previous school district AND Building)**

District Name: \_\_\_\_\_ Name of Student \_\_\_\_\_

Building Name: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

City, ST, Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax #: \_\_\_\_\_

Please send, email or fax the following requested records to:

**Crestwood Local Schools  
Central Registration  
11256 Bowen Rd.  
Mantua, OH 44255**

**Phone: (330) 357-8202 ext. 5009  
Fax:  
Email: [sjohnson@crestwoodschoools.org](mailto:sjohnson@crestwoodschoools.org)**

We are requesting the following information for the above-named student:

- All Personally Identifiable data on file including: IEP, MFE, Immunization Records, all Test Scores, Report Cards/Grades, Custody Papers/Journal Entry, Birth Certificate, Social Security Card
- The following records only:

\_\_\_\_\_  
\_\_\_\_\_

Reason for request (please check):

- To aid in making present and future educational decisions.
- Other (please specify): \_\_\_\_\_

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

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)

**For Office Use Only:**

Date Records Requested: \_\_\_\_\_

By Whom: \_\_\_\_\_  
(Name/Position)

Date Copies Were Faxed: \_\_\_\_\_

By Whom: \_\_\_\_\_  
(Name/Position)

Date Copies Were Mailed: \_\_\_\_\_

By Whom: \_\_\_\_\_  
(Name/Position)