

# Springboro School District (IRN #050427)

## REQUEST FOR TRANSFER OF SCHOOL RECORDS

*Please Print*

Student Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth \_\_\_\_\_ Current Grade \_\_\_\_\_ Previous School District \_\_\_\_\_

Previous School Name \_\_\_\_\_

Address \_\_\_\_\_ Phone/Fax number \_\_\_\_\_

**TO BE COMPLETED BY PREVIOUS SCHOOL DISTRICT**

Student SSID # \_\_\_\_\_

Previous School District Name \_\_\_\_\_

District IRN # \_\_\_\_\_ W/D Date \_\_\_\_\_

**RELEASE RECORDS TO:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Clearcreek Elementary<br>750 South Main Street<br>Springboro, Ohio 45066<br>Phone: 937-748-3958<br>Fax: 937-748-3980 | <input type="checkbox"/> Five Points Elementary<br>650 Lytle-5 Points Road<br>Centerville, Ohio 45458<br>Phone: 937-748-6090<br>Fax: 937-748-6068 | <input type="checkbox"/> Springboro Junior High<br>1605 S. Main Street<br>Springboro, Ohio 45066<br>Phone: 937-748-3953<br>Fax: 937-748-3964 |
| <input type="checkbox"/> Dennis Elementary<br>1695 South Main Street<br>Springboro, Ohio 45066<br>Phone: 937-748-6070<br>Fax: 937-748-6077    | <input type="checkbox"/> Springboro Intermediate<br>705 S. Main Street<br>Springboro, Ohio 45066<br>Phone: 937-748-4113<br>Fax: 937-748-8498      | <input type="checkbox"/> Springboro High School<br>1675 S. Main Street<br>Springboro, Ohio 45066<br>Phone: 937-748-3950<br>Fax: 937-748-3983 |

Is the student under a current suspension/expulsion? YES NO

Please release all appropriate information listed below. Information should be sent to the Records Department at the school address indicated above.

- |   |  |
|---|--|
| <input type="checkbox"/> Transcript of Grades       | <input type="checkbox"/> Attendance Records              |
| <input type="checkbox"/> Immunization Records       | <input type="checkbox"/> Test Scores                     |
| <input type="checkbox"/> Vision and Hearing Results | <input type="checkbox"/> Any Emergency Health Care Plans |

*Note: Provide any additional medical information pertinent to this student*

**CONFIDENTIAL RECORDS:**

- |  |  |
|--|--|
| <input type="checkbox"/> Individual Education Plan (IEP)       | <input type="checkbox"/> Psychological Testing Results |
| <input type="checkbox"/> Written Education Plan (WEP - Gifted) | <input type="checkbox"/> Evaluation Team Report (ETR)  |
| <input type="checkbox"/> 504 Plan                              |  |

Parental permission is no longer required when records are requested by authorized school personnel. (Family Educational Rights and Privacy Act. Vol. 41, No. 11B, Page 24673)

Parent/Guardian Name (Please Print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Parents, legal guardians, or legal age students may request a review and/or copy of the records transferred. If this is desired, the school office should be notified. If you request a copy of the school records being transferred, the school is relieved of responsibility for confidentiality of those records.

\*\* Records transferred by this release are not to be transferred to any other third party by the receiving school without the written consent of the parent, legal guardian, or student over 18 years of age.

**OFFICE USE ONLY**

Date faxed/mailed to new school \_\_\_\_\_

Date records received \_\_\_\_\_