



AUTHORIZATION FOR RECORD RELEASE FOR NEW STUDENTS

Note to Parent/Guardian: *Most organizations require written permission from parents or guardians before they will release student records to other schools. To facilitate your child's entry into the school, please complete this form and we will send it to your child's previous school for his/her records. This authorization will become a part of your child's permanent record in accordance with the Family Educational Rights and Privacy Act (FERPA), Individuals with Disabilities in Education Act (IDEA), and the Students Records Policy.*

Student's Name: _____
Last First Middle

Birth Date: ____ / ____ / ____ **Current Grade:** _____

Name of Previous School: _____

Address of Previous School: _____

City: _____ **State:** _____ **Zip Code:** _____

I hereby authorize your organization, noted above, to furnish the school with **court documents, official transcripts, test records, medical records, references, individualized educational plan (IEP), multi-factored evaluation (MFE), student accommodation plan (504), and/or psychological reports.** Also, please include my child's most recent subjects and grades. Ohio Revised Code, Section 3313.642, *states that only grades and credits may be withheld for non-payment of fees and charges.* All other records must be sent to the requesting school district, particularly a cumulative record of proficiency tests. It is understood that this information will be used in a confidential and professional manner.

Please send this information to the location designated below:

Cleveland College Preparatory School

4906 Fleet Avenue
Cleveland, Ohio 44105

Northeast Ohio College Preparatory School

2357 Tremont Avenue
Cleveland, Ohio 44113

University of Cleveland Preparatory School

1906 East 40th St
Cleveland, Ohio 44103

Parent/Guardian Signature: _____ **Date of Request:** _____