

MIAMI EAST LOCAL SCHOOLS
STUDENT RECORDS RELEASE FORM

Information from the school records of _____
(Name of Student)
are being requested for the purpose of enrollment by:

Miami East High School
3925 North State Route 589
Casstown, OH 45312
Phone: 937-335-7070
Fax: 937-440-9581

Miami East Junior High
4025 North State Route 589
Casstown, OH 45312
Phone: 937-335-5439
Fax: 937-332-7927

Miami East Elementary
4025 North State Route 589
Casstown, OH 45312
Phone: 937-335-5439
Fax: 937-332-9488

We give our consent for the release of said records to the party listed above and understand that only the following information will be included:

<input type="checkbox"/> Subject Grades	<input type="checkbox"/> Attendance Records
<input type="checkbox"/> Total Credits	<input type="checkbox"/> Dates and Reason for separating from school
<input type="checkbox"/> Physical Education Scores	<input type="checkbox"/> Health Records
<input type="checkbox"/> Elementary Reading Diagnostic	<input type="checkbox"/> Reading Intervention Plan
<input type="checkbox"/> Achievement Test Scores	<input type="checkbox"/> Birth Certificate
<input type="checkbox"/> Psychological Reports	<input type="checkbox"/> Proficiency Results
<input type="checkbox"/> Up-to-date IEP	<input type="checkbox"/> Withdrawal Grades To date

**** Please send the most updated transcripts.**

(Parents Signature)

(School Official)

(Students Signature if 18)

(Date Forwarded)

12/11/2013