

MIAMI EAST LOCAL SCHOOLS

STUDENT RECORDS RELEASE FORM

To: _____
(School District Previously Attended)

Date: _____

(To the Attention of:)

Fax: _____

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:

- | | |
|-------------------------------------|---|
| ___ Subject Grades | ___ Attendance Records |
| ___ Total Credits | ___ Dates and Reason for separating from school |
| ___ EOC (End of Course Assessments) | ___ Health Records |
| ___ Physical Education Scores | ___ Reading Intervention Plan |
| ___ Elementary Reading Diagnostic | ___ Birth Certificate |
| ___ Achievement Test Scores | ___ Proficiency Results |
| ___ Psychological Reports | ___ Withdrawal Grades To date |
| ___ Up-to-date IEP | |

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

(Parents Signature)

(School Official)

(Students Signature if 18)

(Date Forwarded)