

**Authorization for Record Release and/or Information from Records**

The following student has been or will be enrolled in the Euclid City School District:

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Student's Name	Date of Birth	Grade
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You are authorized to release the records listed below for the above named student to the Euclid Board of Education as indicated:

Withdrawal Form w/SSID #	RIMP (Reading Improvement Plan)
Academic Grades (to date of withdrawal)	Special Education: current signed IEP, ETR, 504 Plan, WEP (gifted)
Transcript	Immunization/Health Records
Standardized Achievement Test Scores (OST, EOC, KRA, AASCD, etc.)	ESL Assessment/Documents (English as a Second Language)
HB410 Attendance Records (Absence Intervention Plan)	Other:

The above records are to be released from the following school or agency:

1. \_\_\_\_\_  
School's or Agency's Name
2. \_\_\_\_\_  
Address City State Zip Code
3. \_\_\_\_\_  
Phone Number Fax Number Email Address
4. \_\_\_\_\_  
Parent's/Guardian's Signature Date

**Please release the records to the Euclid City School District using one of the following:**

1. Fax: 216-797-2998
2. Email: [registration@euclidschools.org](mailto:registration@euclidschools.org)
3. Mail: Registration Department  
22800 Fox Avenue  
Euclid, OH 44123

**FOR OFFICE USE ONLY:**

Completed by: \_\_\_\_\_

Registration Department/Student Affairs

Date \_\_\_\_\_