

Shawnee Local Schools

Parent/Guardian/Student Consent for Records

Shawnee High School

3333 Zurmehly Rd
 Lima, OH 45806
 Phone: (419) 998-8004
 Fax: (419) 998-8026

Shawnee Maplewood Intermediate

1670 Wonderlick Rd
 Lima, OH 45805
 Phone: (419) 998-8076
 Fax: (419) 998-8085

Shawnee Middle School

3235 Zurmehly Rd
 Lima, OH 45806
 Phone: (419) 998-8074
 Fax: (419) 222-6572

Shawnee Elmwood Primary

4295 Shawnee Rd
 Lima, OH 45806
 Phone: (419) 998-8090
 Fax: (419) 998-8110

To:

_____ Agency/School/Administrator

_____ Phone:

_____ Street Address

_____ City, State, Zip

_____ Name of Student:

_____ Grade

_____ Birthdate

You are authorized to release all appropriate school records/data to the above marked school ATTN: Student Records

- | | |
|--|---|
| * Birth Certificate** | * Official transcript of all grades and credits earned |
| * Health and Immunization Records** | * Attendance, if not on transcript |
| * Withdrawal grades and credits received** | * Social Security number |
| * I.E.P. and M.F.E. if applicable** | * Standardized test scores if not on transcript |
| * OGT scores (Ohio only) | * Date of withdrawal or leaving |
| * Psychological reports, if applicable | * State wide Achievement and/or Proficiency Test Scores |
| * Custody/ Court placement documentation | * Other (please specify) _____ |

Please advise if this student has outstanding fees/books and records cannot be released. Your prompt attention is greatly appreciated

Please send us ALL ** documents if fees/books are owed. When payment/return has been satisfied, please forward remaining records.

I hereby authorize the release of the above indicated records for the above student to Shawnee Schools

_____ Parent/Guardian Signature _____ Date

_____ Printed Name of Parent or Guardian

_____ Current Home Address

_____ Previous Home Address

_____ City, State, Zip

_____ City, State, Zip

FOR OFFICE USE ONLY

Date of Request: _____

By: _____

Date Data Received: _____

By: _____