

Jefferson Local School District

906 W. MAIN STREET
WEST JEFFERSON, OH 43162
Phone:(614) 879-7654
Fax:(614) 879-5376
IRN #048256

Mrs. Jill Smith
Treasurer
Mrs. Teri Allison
Asst. Treasurer

Mr. William Mullett
Superintendent

Mr. Bob Hiss
Transportation Supervisor
Mrs. Christine Elkins
Cafeteria Supervisor

Parent/Guardian/Student Consent for Records Release

TO: _____ RE: _____ Birthdate _____
(Last School Attended) (Student's Name)

(School's Street Address)

(School's City, State, Zip Code)

We hereby authorize _____ to release our child's records to:
(Last School Attended)

Debbie Omen, Principal
West Jefferson Middle School
2 Roughrider Drive
West Jefferson, Ohio 43162
(614) 879-8345
Fax (614) 879-5399

Special education records should also be sent to:
Jennifer Merb, Special Education Supervisor
Jefferson Local School District
906 West Main Street
West Jefferson, Ohio 43162
(614) 879-7654
Fax (614) 879-5376

Student start date with our district is _____

PLEASE INCLUDE THE FOLLOWING ITEMS:

1. Attendance Record
2. Subjects and Grades or Transcripts
3. State Testing Results
4. Health Record
5. S.S.I.D.#
6. Discipline Record
7. Student Writing Folder contents (if available)

With the understanding that the district cannot assume responsibility for the confidentiality of educational information disclosed, I authorize you to release educational information regarding the student named above.

Signature of parent/guardian

Date

Home Address

City, State, Zip Code

FOR OFFICE USE ONLY

Date Records Release Sent: _____ By: _____
(Name/Position)

Date Records Received: _____ By: _____
(Name/Position)