

RECORDS RELEASE REQUEST

- Lakeside High School Guidance**
6600 Sanborn Rd
Ashtabula, OH 44004
Phone: 440.993.2528
Fax: 440.993.2484
Email: tamara.potter@aacs.net

- Lakeside Junior High School**
6620 Sanborn Rd
Ashtabula, OH 44004
Phone: 440.993.2618
Fax: 440.993.2647
Email: sherri.anderson@aacs.net

- Lakeside Erie Intermediate School**
2306 Wade Ave
Ashtabula, OH 44004
Phone: 440.992.1260
Fax: 440.992.1262
Email: kathryn.reynolds@aacs.net

- Lakeside Superior Intermediate School**
2308 Wade Ave
Ashtabula, OH 44004
Phone: 440.992.1270
Fax: 440.992.1272
Email: diana.charters@aacs.net

- Lakeside Huron Primary School**
2300 Wade Ave
Ashtabula, OH 44004
Phone: 440.992-1230
Fax: 440.992-1232
Email: molly.tressler@aacs.net

- Lakeside Ontario Primary School**
2302 Wade Ave
Ashtabula, OH 44004
Phone: 440.992-1240
Fax: 440.992-1242
Email: nicole.petro@aacs.net

- Lakeside Michigan Primary School/**
2304 Wade Ave
Ashtabula, OH 44004
Phone: 440.992-1250
Fax: 440.992-1252
Email: cindy.dickson@aacs.net

- Central Registration Office**
6610 Sanborn Rd.
Ashtabula, OH 44004
Phone: 440.992-1234
Fax: 440.992-1209
Email: cristine.rutz@aacs.net

Date of 1st Request _____ 2nd Request _____

Parent/Guardian: Please fill in 'BOLD' boxes only:

(From) School: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

**← SCHOOL RECEIVING REQUEST: Please mail, E-mail, or Fax
all pertinent school records to the school checked. If none checked, send to
Central Registration Office.
Attention: SCHOOL RECORDS**

Student Name: _____

Student Date of Birth: _____

Please provide SSID: _____

We are requesting the following records to aid in present and future educational decisions:

- | | |
|--|--|
| <input type="checkbox"/> All items in student's file | <input type="checkbox"/> Transcript of Previous Credits/Grades |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Withdrawal Grades |
| <input type="checkbox"/> IEP | <input type="checkbox"/> Standardized Testing Information |
| <input type="checkbox"/> ETR | <input type="checkbox"/> Career Passport |
| <input type="checkbox"/> Immunization/Health Record | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Attendance/HB410 threshold info | _____ |
| <input type="checkbox"/> TGRG Diagnostics | _____ |
| <input type="checkbox"/> Custody Papers | _____ |

According to the Final Regulations-Family Rights and Privacy Act, Buckley Amendment, it is no longer necessary to obtain written consent to release records between schools. It states that school officials may receive a student's records without consent for such release. However, it is the intention of the Ashtabula Area City School District to obtain signatures upon registration.

Parent Signature _____ **Date** _____

Comments: _____