

First Name: _____

Date of Birth: _____



Fairview Park City School District
21620 Mastick Rd., Fairview Park, OH 44126
p: 440.331.5500 f: 440.356.3545
www.fairviewparkschools.org

Last Name: _____

Graduation Year: _____

Student Number: _____

Document Type: _____

CONSENT FOR RELEASE OF RECORDS

Previous District Name: _____

Address: _____

City: _____ State: _____ Zip: _____

The above named School District, School is hereby authorized to release to Fairview Park City Schools, all school records for the student(s) named below.

Name of Student (s):

_____ Grade: _____ Birthdate: _____

_____ Grade: _____ Birthdate: _____

_____ Grade: _____ Birthdate: _____

- **Official Administrative Records/ Official School Transcripts, Report Card**
- **State Test Results/Score Reports Third Grade Reading Guarantee, Kindergarten (KRA Results), ELL (English Language Learners) OELPA Results, RIMP**
- **Individual Psychological Test, Individual Education Plan (IEP), Evaluation Team Report (ETR), 504 Plan (if applicable) Please email to Luann Bean: lbean@fairview.k12.oh.us or Fax to 440-356-3545**
- **Health/Immunization Records**
- **Other: _____**

Send Records/Reports to the building checked:

Fairview High School
4507 West 213 Street
Fairview Park, OH 44126
ATTN: Guidance Office
Fax: (440) 356-3529

Lewis F. Mayer Middle School
21200 Campus Drive
Fairview Park, OH 44126
Fax: (440) 895-2191

Gilles-Sweet Elementary
4320 West 220 Street
Fairview Park, OH 44126
Fax: (440) 356-3701

FPCS Early Education Learning Center
21620 Mastick Road #B
Fairview Park, OH 44126
Fax (440) 356-3544

Board of Education – Student Services
Luann Bean: lbean@fairview.k12.oh.us
Fax (440) 356-3545

Date: _____

Signature of Parent/Guardian: _____

According to Final Regulations-Family Educational Rights and Privacy Act (Buckley Amendment), it is no longer necessary to obtain written