



Authorization for Release of School Information

Information is requested for:

Student _____ Date of Birth _____ Grade _____

Name of Last School Attended _____

Address of Last School Attended _____

The student named above has been enrolled in the South Euclid-Lyndhurst School District. The release of the following school records is requested:

- Academic Records
- Attendance Records
- Health Records
- Proficiency and Achievement Scores (please include the actual scaled scores)
- SSID Number (Statewide Student Identifier)
- Special Education/Section 504 Plan

Please send the records requested above to the appropriate school in South Euclid-Lyndhurst Schools.

_____ Adrian Elementary School, 1071 Homestead Road, South Euclid, Ohio 44121 – Fax: 216.691.2295

_____ Rowland Elementary School, 4300 Bayard Road, South Euclid, Ohio 44121 – Fax: 216.691.2206

_____ Sunview Elementary School, 5520 Meadow Wood Blvd., Lyndhurst, Ohio 44124 – Fax: 216.691.2226

_____ Greenview Upper Elementary School, 1825 Green Road, South Euclid, Ohio 44121 – Fax: 216.691.3482

_____ Memorial Junior High School, 1250 Professor Road, South Euclid, Ohio 44124 – Fax: 216.691.2159

_____ Brush High School, 4875 Glenlyn Road, Lyndhurst, Ohio 44124 – Fax: 216.691.2122

_____ SEL School District, 5044 Mayfield Road, Lyndhurst, Ohio 44124 – Fax: 216.691.2294

Records released to the school listed above are not to be released to another person or agency without the written consent of the parent, legal guardian or legal aged person. Parents, legal guardians or legal aged students may request a copy of the records being released as specified above to be sent to them; however, if copies are released to them, the school district is relieved of responsibility for confidentiality of those records.

Indicated by my signature below, I consent to the release of these records to South Euclid-Lyndhurst Schools:

Signature of Parent/Guardian or Student (if 18 years of age)

Date