



REQUEST FOR RELEASE OF STUDENT RECORDS

TO: _____
 Previous school's name

Previous school's address

Previous school's city, state zip

It is requested that an official copy of the student records of:

Student's name _____ Birthdate _____

Last grade attended _____ Date last attended _____

be released to:

**Solon
City
School
District**

Please include all applicable information for the above named student as follows:

- Academic grades
- Grades to date of withdrawal
- Grades for previously completed marking period (sports eligibility)
- Standardized test scores (achievement/ability, competency, etc.)
- Proficiency test scores
- Attendance records
- Health/immunization records
- Psychological reports (if any)
- Individual Education Plan (I.E.P. if any)
- Speech/hearing/language evaluations
- School profile explaining credits and grading system
- Other, please specify _____

Signature of parent/legal custodian or student (if legal age)

School Official/Title

Parents, custodians or legal age students may inspect the records to be released or transferred.

33800 Inwood Road
Solon, OH 44139
(440)248-1600
Fax(440)248-7665