

SOLON CITY SCHOOLS

33800 Inwood Road Solon, OH 44139 440-248-1600 www.solonschools.org

REQUEST FOR RELEASE OF STUDENT RECORDS

TO:			
Previous school's name			
Address			
City, State, Zip		School Fax	School Phone
Student's name	Birthdate		
Last grade attended	Date last attended		
Please include all applicable in	Academic grades to date of with Grades for previously complete Standardized test scores (achie Ohio Graduation Test scores Attendance records Health/immunization records Psychological reports (if applied Individual Education Plan (I.E. 504 Plan (if applicable) Speech/hearing/language evalute School profile explaining credit Third Grade Reading Guarante Home Language Survey	thdrawal ed marking period (sports eligibility vement/ability, competency, etc.) cable) P. if applicable) ations ts and grading system	
Signature of parent/legal cus	todian or student (if legal ag	Solon City School	s Registrar
It is requested that an official c	opy of this student's records b	e faxed or mailed to the school of	hecked below.
Send Records/Reports to the bu	uilding checked (for Registrar us	e only):	
☐ Regano Early Learning Center 6545 SOM Center Road Solon, OH 44139 FAX 440-349-8018 prekRECORDS@solonboe.org	☐ Roxbury Elementary 6795 Solon Boulevard Solon, OH 44139 FAX 440-349-8048 roxRECORDS@solonboe.org	☐ Parkside Elementary 6845 SOM Center Road Solon, OH 44139 FAX 440-349-8055 parkRECORDS@solonboe.org	□Lewis Elementary 32345 Cannon Road Solon, OH 44139 FAX 440-349-8012 lewisRECORDS@solonboe.org
☐ Orchard Middle School 6800 SOM Center Road Solon, OH 44139 FAX 440-349-8054 orchRECORDS@solonboe.org	☐ Solon Middle School 6835 SOM Center Road Solon, OH 44139 FAX 440-349-8034 smsRECORDS@solonboe.org	□Solon High School Attention: Guidance Office 33600 Inwood Road Solon, OH 44139 FAX 440-349-8041 shsRECORDS@solonboe.org	□Solon Board of Education Attention: Registrar 33800 Inwood Road Solon, OH 44139 FAX 440-248-7665 boeRECORDS@solonboe.org