



CLOVERLEAF LOCAL SCHOOLS
Medina County, Ohio
District IRN #048488

PARENTAL CONSENT FOR RECORD RELEASE

(Separate forms must be completed for each child whose records are to be released.)

To _____
(Previous School District)

Address: _____ City _____ State _____ Zip _____

I am the parent/legal guardian of:

(Student Legal Name) (Date of Birth)

(Student Grade)

You are authorized to release the records listed below to: (Choose One)

_____ Cloverleaf Elementary School (Grades PreK-5) 8337 Friendsville Road Seville, OH 44273 Phone: (330) 302-0102 Fax: (330) 302-0080	_____ Cloverleaf Middle School (Grades 6-8) 7500 Buffham Road Seville, OH 44273 Phone: (330) 302-0207 Fax: (330) 302-0520	_____ Cloverleaf High School (Grades 9-12) 8525 Friendsville Road Lodi, OH 44254 Phone: (330) 302-0330 Fax: (330) 302-0531
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Specific records/data to be released:

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|--|---|--|
| Permanent Records | Official Transcripts | Health /Immunization Records |
| Reading record card | Withdrawal Grades | Psychological study reports |
| Standardized Test Scores | Gifted | 504 Plans |
| Special Services Records
(i.e. IEP/ETR) | Title I & 3 rd Grade Reading Guarantee | RIMP |
| Kindergarten Readiness Assessment | Attendance Records | <u>All Other Student Records not previously listed</u> |

Date _____

Printed name of parent _____

Signature of parent _____

