



Cincinnati Public Schools Release of Records / Withdrawal Form

I, _____ authorize the release of records pertaining to
(Please Print) **Name of Parent / Guardian or Student 18 years old**

(Please Print) **Student's Last Name** _____ **First Name** _____ **Middle Initial** _____

Student's Birthdate ____ / ____ / ____ (month/date/year - XX/XX/XXXX)

From the following school or institution:

Most Recent School _____
Address _____
City, State, Zip Code _____
Telephone No. _____ Fax No. _____
Grade Level _____

The following records* should be released:

- | | |
|---|--|
| Transcript of subjects and grades | Ohio Achievement and Graduation Test Results |
| Attendance Record | Standardized Test Results |
| Psychological or Other Individual Test Results | Gifted Assessments |
| 504 Accommodation Plan | Health Records |
| English Language Proficiency Assessments | |
| Special Education Records, including IEP, MFE or ETR, and behavior plan | |

** Records that cannot be withheld due to non-payment of fees or obligations: State test scores, Individualized Educational Program (IEP), IEP progress reports, Multifactorial Evaluation (MFE) or Education Team Report (ETR), and immunization records.*

Release records to:

New School _____
Address _____
City, State, Zip Code _____
Telephone No. _____ Fax No. _____

I am authorizing the release of these records because (Check one):

- I am the subject of these records, and I'm 18 years of age or older.
- I am the parent, guardian or custodian of the subject of these records, and the subject is under 18 years.

Signature _____ **Date** _____

REQUEST FOR STUDENT RECORDS - STAFF USE ONLY

To Registrar:

Please send the records identified above for this student as soon as possible.
If records are not available, please return our request indicating the following:

- No Records Available. Reason(s): _____
- Unable to Send Records. Reason(s): _____

We would appreciate receiving additional information to enable us to meet the student's needs.
Thank you for your prompt cooperation.

CPS School Registrar _____
Date

CPS enrollment start date for this school: ____ / ____ / ____