



# Cincinnati Public Schools Release of Records

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:** \_\_\_\_/\_\_\_\_/\_\_\_\_