LIMA CITY SCHOOLS DR. EARL A. McGOVERN EDUCATION WING 755 ST. JOHNS AVENUE LIMA, OH 45804

REQUEST FOR RELEASE OF RECORDS

I hereby authorize the release of records for:

Student Name:			
Last Name	Maiden Name	First Name	M.I.
Present Address:			
Street	City	State	Zip
Phone Number (in case we	have questions about requ	ıest:	
Date of Birth:	Age:	SS#:	
School last attended:		G	rade:
Last Year of Attendance or	Graduation Date:		
Reason Requested:I			chool District
	rolled to		
College/Employmen	t/Other:		
Please release/send the fol	lowing records:		
Academic Work/Tran	<u> </u>		
Psychological Reports			
Personal Identifiable	Data [includes birth certifi	cate, SS, Limited English]
Please send requested info	rmation to:		
	Att	:n:	
School/Business			
Address		State, Zip Code	

Phone		Fax	
release educational information regarding the st	tudent named above		
School Official's Signature	Date	Parent/Guardian/*Students Signature *Student must be 18 years of age to sign	Date
		Student must be 16 years of age to sign	
FOR OFFICE USE ONLY:		Student must be 10 years of age to sign	
FOR OFFICE USE ONLY: Date Data Released:	By:_	Student must be 10 years of age to sign	
	By:_ By:_	Student must be 10 years of age to sign	