

## Request for Records

Stanton Elementary School  
14890 State Route 213  
Hammondsville, OH 43930

Telephone: 330-532-1594  
740-282-5501  
Fax: 330-532-1106  
IRN # 047795

I hereby authorize school officials to release the following information concerning my child,

- Birth Certificate
- Health & Immunization Records
- Social Security Number
- Transcript (Subjects and Grades)
- IEP/MFE and all Psychological Reports and Records
- Test Scores
- Attendance Records

Name of Student \_\_\_\_\_

Date of Birth \_\_\_\_\_

Grade \_\_\_\_\_

Former School \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City/State/Zip \_\_\_\_\_

Signature of Parent \_\_\_\_\_  
Date \_\_\_\_\_