



Record Release Form

To: _____

Phone: _____
Fax: _____
Date: _____

I hereby authorize Graham Elementary and Middle School to release/ obtain pertinent information concerning:

Name of Child: _____

Present School: _____ Grade _____

Birthdate: _____ / _____ / _____

Please check which number (1 or 2) applies to your student, and sign and date on the lines following your checked choice.

1. _____ My child is not on, and has not been on an I.E.P. or 504-Plan

Signature of Parent/ Guardian

Relationship to student

2. _____ My child is, or has been on an I.E.P. (received special education services) or a 504-Plan, and I authorize Graham Elementary and Middle School to release/ obtain all special education files, including current multifactor evaluation team report(s), psychological and academic assessment(s), and current I.E.P. This information may include medical, psychological, psychiatric, and social data that might be helpful in our educational planning. It is understood that this information will not be forwarded to any other person without parental consent.

Reason for Request: ___ To aid in present and future educational decisions
 ___ Other (Specify) _____

With the understanding that Graham Elementary and Middle School cannot assume responsibility for the confidentiality of educational information disclosed, I authorize you to release educational information regarding my child above in the manner indicated.

Signature of Parent/ Guardian

Date

Address

City

Zip

Proud Member of
The Graham Family of Schools
In Partnership with
EL Education

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