

# Tri-County North Local School District

District IRN # 091397

## TRANSFER OF STUDENT DATA Permission to Release School Records

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

I hereby grant permission for:  
to release all data for the  
above named student

\_\_\_\_\_  
Former School or Institution

\_\_\_\_\_  
District IRN #

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
School Phone #

\_\_\_\_\_  
School Fax #

Please **EMAIL** records to:

**K-4 Elementary School**

Karen Wombold

[karen.wombold@tcnschools.org](mailto:karen.wombold@tcnschools.org)

570 Panther Way

Lewisburg, Ohio 45338

Phone: 937-962-2673, ext. 200

**5-8 Middle School**

Karen Steck

[karen.steck@tcnschools.org](mailto:karen.steck@tcnschools.org)

530 Panther Way

Lewisburg, OH 45338

Phone: 937-962-2631, ext. 208

**9-12 High School**

Michelle Isaacs

[michelle.isaacs@tcnschools.org](mailto:michelle.isaacs@tcnschools.org)

500 Panther Way

Lewisburg, OH 45338

Phone: 937-962-2675, ext. 216

<i>Please send the following information to the above marked building:</i>	<i>Please send the following information to our Special Education Director ~ Jeremy Mills <a href="mailto:jeremy.mills@tcnschools.org">jeremy.mills@tcnschools.org</a> or email to the Middle School address above</i>
<input checked="" type="checkbox"/> Grade Transcripts <input checked="" type="checkbox"/> Attendance Records <input checked="" type="checkbox"/> Standardized Testing Scores <input type="checkbox"/> Immunization & Health Records <input type="checkbox"/> Certified Birth Certificate <input type="checkbox"/> Custody Papers (if applicable) <input checked="" type="checkbox"/> <b>Student's SSID #</b> _____	<input type="checkbox"/> ETR / Psychological <input type="checkbox"/> IEP <input type="checkbox"/> Progress Reports <input type="checkbox"/> 504 Plan <input type="checkbox"/> Reading Intervention & Monitoring Plan <input checked="" type="checkbox"/> Data Collected (AIMSweb, DIBELS, DRA, any Response to Intervention data and/or plans, etc.)

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Date

*THIS FORM MUST BE FILED IN STUDENT'S CUMMULATIVE FOLDER*

**FOR OFFICE USE ONLY:**

Date sent: \_\_\_\_\_ Sender's Signature: \_\_\_\_\_

Date Information Returned: \_\_\_\_\_ Checked in by: \_\_\_\_\_