

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
570 Panther Way
Lewisburg, Ohio 45338
Phone: 937-962-2673, ext. 200

5-8 Middle School

Karen Steck
karen.steck@tcnschools.org
530 Panther Way
Lewisburg, OH 45338
Phone: 937-962-2631, ext. 208

9-12 High School

Deanna Goehring
deanna.goehring@tcnschools.org
500 Panther Way
Lewisburg, OH 45338
Phone: 937-962-2675, ext. 216

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

_____ Relationship to Child _____ Date _____

Parent or Guardian Signature

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: _____