

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@tncschools.org
436 N. Commerce Street
Lewisburg, Ohio 45338
Phone: 937-962-2673, ext. 4001

5-8 Middle School
Karen Steck
karen.steck@tncschools.org
436 N. Commerce Street
Lewisburg, OH 45338
Phone: 937-962-2631, ext. 3001

9-12 High School
Deanna Goehring
deanna.goehring@tncschools.org
436 N. Commerce Street
Lewisburg, OH 45338
Phone: 937-962-2675, ext. 2001

<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 School Psychologist ~ Jim Wellbaum at jim.wellbaum@tncschools.org or email to the Middle School address above</p>
<ul style="list-style-type: none"> <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"/> Student's SSID # _____ 	<ul style="list-style-type: none"> <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: _____