



Registration Office

LORAIN CITY SCHOOLS
Administration Center
2601 Pole Avenue, Lorain, OH 44052
440.830.4055 fax 440.282.7251

RECORD REQUEST

The Family Educational Rights and Privacy Act of 1974 states that in order to release school records there must be written consent of the parent or student age 18 or older. This request must specify the records to be released, the reason for such release, and to whom they will be released. A copy of the records to be released must be made available to the parent or student age 18 or older, if desired.

Date of Request _____

Name of Student _____

Student Maiden Name _____

Current Address _____

Telephone Number _____

Date of Birth _____

Last Lorain School Attended _____

Graduate ___ Yes ___ No Year of Graduation _____ Year of Withdrawal _____

I have read the above and authorize the Lorain City Schools to send/release the information indicated below to:

Information to be released: ___ Transcript
___ Special Education Documents (IEP/MFE, Psychological Report, etc.)
___ Immunization Record
___ Other _____

Reason _____

Signature of Student age 18 or older

___ I wish to be provided with a copy
of the information