

Chippewa Local School District (IRN #050534)



REQUEST FOR RELEASE OF PUPIL RECORDS

To:

School District	Building/School Name	Street Address
Area Code and Phone Number	FAX number	City
	State	ZIP

Request for records were e-mailed/faxed: _____ Date sent _____ 2nd request: _____ Date sent _____

Please release the following records for the student(s) listed below: (records crossed out are NOT needed)

- Birth Certificate
- SSID# (State Student ID#)
- Custody Papers (if applicable)
- Immunization/Health/Screening Records
- Attendance Records
- Attendance Intervention Plan (if applicable)
- RIMP (Grades K-3)
- Official School Transcript/Academic Grades/Progress Reports
- Grades to date of withdraw
- Standardized Test Scores (Achievement, Competency, OGT, EOC)
- IEP/ETR/504 RTI (if applicable)
- Gifted Identification/WEP/WAP (if applicable)
- Other _____

Please note: If you do not release special education records from your office, please make a copy of this release form and forward to the appropriate office.

Email, Fax or Mail records to school indicated below:

† <input type="checkbox"/> Chippewa Local Schools – Director of Special Education Mrs. Caitlin Schrock 56 N. Portage St. Doylestown, OH 44230 Phone: 330-658-6368 FAX: 330-658-5842 Email: chip_cschrock@tccsa.net	† <input type="checkbox"/> Grades K-2 Hazel Harvey Elementary Attn: Kathi Galehouse 165 Brooklyn Avenue Doylestown, OH 44230 Phone: 330-658-2522 FAX: 330-658-3644 Email: chip_kgalehouse@tccsa.net	† <input type="checkbox"/> Grades 3-6 Chippewa Intermediate School Attn: Shanna Feesler 100 Valley View Road Doylestown, OH 44230 Phone: 330-658-2214 FAX: 330-658-2241 Email: chip_sfeesler@tccsa.net	† <input type="checkbox"/> Grades 7-12 Chippewa Jr/Sr High School Attn: Tricia Barr 466 S. Portage St. Doylestown, OH 44230 Phone: 330-658-2011 FAX: 330-658-3339 Email: chip_barr@tccsa.net
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What is your District IRN #: _____ Date records e-mailed/faxed to Chippewa _____

Student Name (please print)	Date of Birth	Grade Entering

Please release the above student's pupil records.

Parent/Guardian (please PRINT)	Signature	Date
Parent/Guardian Phone #	Parent/Guardian E-mail	

First day of school at Chippewa will be: _____ Reason for change of school: _____

Enrollment
 Open Enrollment
 Court/Foster Placed