

## **Upper Scioto Valley Local School** Office of Student Services

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Date

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High School/Jr. High: cshurley@usvschools.org Elementary: ccompton@usvschoolos.org

## REQUEST FOR STUDENT RECORDS Student's Name:\_\_\_\_\_ Date of Request:\_\_\_\_\_ D.O.B.: \_\_\_\_\_ Grade: \_\_\_\_\_ During the \_\_\_\_\_ - \_\_\_\_ school year To: OFFICE OF STUDENT RECORDS School Name: Address: Phone: Fax: The student listed above is enrolling at Upper Scioto Valley Local School. Please mail, email or FAX a copy of his/her school records as listed below to the Office of Student Services at your earliest convenience: ☐ Transcript (with history of grades received and credits earned) ☐ Attendance records ☐ Withdrawal grades for courses in progress ☐ All standardized test results/scores (OGT, OAA, EOC, and Next Generation Assessments) ☐ Immunization and other health records ☐ Birth certificate & Social Security card (if available) ☐ I.E.P./Special Education information (if applicable) ☐ Custody documents (if applicable) ☐ 3<sup>rd</sup> Grade Reading Guarantee paperwork ☐ School IRN: \_\_\_\_\_\_\_ U.S.V. IRN: 047522 ☐ Other: Your prompt attention is greatly appreciated. Thank you. tudent Services Director/Principal

Parent/Guardian

<sup>\*</sup>It is not necessary for parents to sign a release when records are being passed from public school to public school according to the Family Educational Right to Privacy Act of 1974\*