



## Consent for Release of Student Records

To Whom It May Concern:

The student named below has registered at Lakeland Academy.  
Please release the records for:

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Grade \_\_\_\_\_

School \_\_\_\_\_ School District \_\_\_\_\_

School Address \_\_\_\_\_

School City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Phone \_\_\_\_\_ School FAX \_\_\_\_\_

Please forward the records identified below to:

Lakeland Academy  
Attn: Student Records  
101 Main Street  
Freeport, Ohio 43973  
740-658-1042 Fax

I authorize the release of records including I.E.P. and M.F.E. records for the above named student.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please forward the following records:

- Transcript of All Grades and Credits
- Withdrawal Grades and Credits Received
- Ohio Proficiency Test Results
- Standardized Test Results
- Attendance Records
- Health Records
- Adoption/Custody Papers (if applicable)
- Psychological Reports (if applicable)
- I.E.P. and M.F.E. Records (if applicable)
- Vocational Evaluation (if applicable)
- Intervention Assistance Team Reports

If records are not available, please return this request indicating the following:

No Records Available. Reason: \_\_\_\_\_

Unable to Send Records. Reason: \_\_\_\_\_

**Written consent for release is no longer required when records are requested by authorized school personnel. (Educational Amendments of 1974, "Protection of the Rights and Privacy of Parents and Students" Section 438, Subsection (b) (1), Parts A and B page 97).**