

# Shawnee Local Schools

## Parent/Guardian/Student Consent for Records

**Shawnee High School**

3333 Zurmehly Rd  
Lima, OH 45806  
Phone: (419) 998-8004  
Fax: (419) 998-8026

**Shawnee Maplewood Intermediate**

1670 Wonderlick Rd  
Lima, OH 45805  
Phone: (419) 998-8076  
Fax: (419) 998-8085

**Shawnee Middle School**

3235 Zurmehly Rd  
Lima, OH 45806  
Phone: (419) 998-8074  
Fax: (419) 222-6572

**Shawnee Elmwood Primary**

4295 Shawnee Rd  
Lima, OH 45806  
Phone: (419) 998-8090  
Fax: (419) 998-8110

To:

\_\_\_\_\_ Agency/School/Administrator

\_\_\_\_\_ Phone:

\_\_\_\_\_ Street Address

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

\_\_\_\_\_ Name of Student:

\_\_\_\_\_ Grade

\_\_\_\_\_ Birthdate

You are authorized to release all appropriate school records/data to the above marked school ATTN: Student Records

- |  |   |
|--|---|
| * Birth Certificate**                      | * Official transcript of all grades and credits earned  |
| * Health and Immunization Records**        | * Attendance, if not on transcript                      |
| * Withdrawal grades and credits received** | * Social Security number                                |
| * I.E.P. and M.F.E. if applicable**        | * Standardized test scores if not on transcript         |
| * OGT scores (Ohio only)                   | * Date of withdrawal or leaving                         |
| * Psychological reports, if applicable     | * State wide Achievement and/or Proficiency Test Scores |
| * Custody/ Court placement documentation   | * Other (please specify) _____                          |

Please advise if this student has outstanding fees/books and records cannot be released. Your prompt attention is greatly appreciated

**Please send us ALL \*\* documents if fees/books are owed.** When payment/return has been satisfied, please forward remaining records.

I hereby authorize the release of the above indicated records for the above student to Shawnee Schools

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

\_\_\_\_\_ Printed Name of Parent or Guardian

\_\_\_\_\_ Current Home Address

\_\_\_\_\_ Previous Home Address

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

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

FOR OFFICE USE ONLY

Date of Request: \_\_\_\_\_

By: \_\_\_\_\_

Date Data Received: \_\_\_\_\_

By: \_\_\_\_\_