

**Cleveland Arts & Social Sciences Academy
STUDENT RECORDS REQUEST**

Child's Full Legal Name _____
(as written on birth certificate) First Name Middle Name Last Name

Today's Date ___/___/___ Student's Current Grade: _____ Student's Date of Birth ___/___/___

Name of Last School Attended _____

School Phone Number _____ School Fax Number _____

I, _____, give permission for the release of my child's student records to Cleveland Arts & Social Sciences Academy for the purpose of enrollment in the 2017-18 school year and to aid in present and future educational decision

Please include all relevant records including:

- SSID Number
- Attendance & Truancy Records
- Immunization/Medical Records
- Birth Certificate
- Custody Papers (if applicable)
- Official Transcripts/Report Cards/Grades (Sealed for Grades 9-12)
- Individualized Education Plan (IEP), Multifactorial Evaluation (MFE), and Behavior Intervention Plan (504)
- Pupil Personnel & Special Services
- Permanent/Cumulative Records
- Standardized Test Scores
- Academic or Disciplinary Intervention
- ESL/ELL Reports
- Directory Information
- Suspension and/or Expulsion Reports

Please send all records to:

Admission Department
c/o Cleveland Arts & Social Sciences Academy
10701 Shaker Boulevard
Cleveland, OH 44104
216.229.3000
216.229.3182 (fax)
info@clevelandartsocsci.org

Student Name (if 18 or older) Student Signature Date

Legal Guardian (of student under 18 years of age) Legal Guardian Signature Date

OHIO REVISED CODE OHIO STATUS 3319.32.1

Nothing shall prevent the transfer of a student's record (this includes transcripts and IEP's) to an educational institution for a legitimate educational purpose. A parent, legal guardian, or a person 18 years or older can request transcripts upon withdrawal from one public school district for the purpose of attending another school. This is a State Law and must be followed.

