|  |  |
| --- | --- |
| 716 Union Street  Ashland, OH 44805 | A close-up of a logo  Description automatically generated  P: 419.903.0295  F: 419.903.0341  [www.accaaces.org](http://www.accaaces.org) |

**ASHLAND COUNTY COMMUNITY ACADEMY** *009971*

**AUTHORIZATION AND REQUEST FOR RELEASE OF INFORMATION**

To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School of Current Enrollment/Resident District

*I authorize and request you furnish ASHLAND COUNTY COMMUNITY ACADEMY with the following information regarding: (IRN: 009971)*

Name of Student *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Date of Birth *\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_*

**INFORMATION REQUESTED**

**Non-Classified**

Transcripts (High School & Middle School)

Attendance Records/Attendance Intervention Plans

Standardized Test Results/Records

Diagnostic Data

Demographic Data

**Classified**

Medical Records

Psychological Reports

Birth Certificate

Discipline Reports

SSID Number

Special Education Plans (IEP/ETR/504)

**Other:** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*I understand that I have the right to obtain a copy of the records requested. I hereby release ACCA from all legal responsibility that may arise from furnishing information I have authorized above*

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ACCA OFFICE USE ONLY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date of Request Sent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Records Received: \_\_\_\_\_\_\_\_\_\_

Staff Initials \_\_\_\_\_\_\_\_\_\_