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| --- | --- |
| 716 Union StreetAshland, OH 44805 | A close-up of a logo  Description automatically generatedP: 419.903.0295F: 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 \_\_\_\_\_\_\_\_\_\_