



Request for Student Records

_____	_____	_____	_____
Student Name	Birth Date	Grade	School Year
_____	_____	_____	_____
Former School Name	Phone	Fax	
_____	_____	_____	_____
Address	City	State	Zip Code

Please send a copy of the following:

- | | |
|----------------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Transcripts of subjects and grades | <input type="checkbox"/> Health Records |
| <input type="checkbox"/> Attendance Reports | <input type="checkbox"/> IEP/504 Plan (if applicable) |
| <input type="checkbox"/> Behavior Records | <input type="checkbox"/> Report Cards |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Psychological Report (if applicable) |
| <input type="checkbox"/> Proficiency Scores/Standardized Test Scores | |

Please Mail or Fax to:

Eden Grove Academy
6277 Collegevue Place
Cincinnati, OH 45224
Fax: 513-681-3450

I consent to the release of the records listed above to Eden Grove Academy.

_____	_____
Signature of Parent/Legal Guardian	Date

Records released to the person or agency listed above, are not to be released to another person or agency without the consent of the parent, legal guardian, or adult student. If copies of records are released to parents, legal guardians, or adult students, the school district is relieved of responsibility for confidentiality of those records.