

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 Columbus Arts and Technology Academy for the purpose of enrollment in the 2017-18 school year and to aid in present and future educational decisions.

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 Columbus Arts and Technology Academy
2255 Kimberly Parkway East, Columbus OH 43232
(614) 577.0900 phone
(614) 866.0300 fax
info@columbusata.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.

