



Perry Local Schools

4201 – 13th Street S.W., Massillon, Ohio 44646-3498
(330) 477-8121 • FAX (330) 478-6184 • WEB perrylocal.org

Permission for Release of Records

TO: _____

I hereby give my permission for the records of _____
birth date _____, to be sent to the address indicated below.

Please send the following records:

- _____ All personally identifiable data
- _____ Transcript/Cumulative File
- _____ Attendance Record
- _____ Test Scores
- _____ Health Record
- _____ Psychological Reports (including IEP, Multi-factored Evaluation Team Report, and Parent Consent for Evaluation)
- _____ SS ID number
- _____ Other Records: (Please Specify) _____

I understand, as a parent or guardian, that I have access to all pertinent information in the student record file.

Parent Signature or Student if 18 years old: _____

Date: _____

Please mail the above records to the following address:

FOR OFFICE USE ONLY

Date Records Requested _____ by _____

Date Records Mailed _____ by _____