

Form 8330 – F4

Copies:

Keep inside student's folder

Keep copy in separate folder for COR

\_\_\_\_\_  
Current School in Youngstown District

**CONSENT FOR STUDENT RECORD RELEASE**

STUDENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ DATE: \_\_\_\_\_

The school is authorized to release the records listed below for the above-named student to:

School	Parent
Name: _____	<input type="checkbox"/> Check if parent wants a copy of records
Address: _____	<input type="checkbox"/> Send to same address as student
City: _____	<input type="checkbox"/> Phone – parent will pick up Phone #: _____
State: _____ Zip: _____	<input type="checkbox"/> Send to - Different Address from student:
Phone: _____	Street: _____
Cell Phone: _____	City: _____
	State: _____ Zip: _____

**Specific Educational Data to be released: (Please check)**

- Student Name
- Parent's/ Guardian's Name and Address
- Student ID #
- Birth certificate
- SS # - if requested by parent
- Attendance
- Disciplinary Record
- Health Record
- Report Card/Transcript
- Testing results
- Individualized Education Program (IEP)/504
- Evaluation Team Report (ETR) - former Multifaceted Evaluation Plan (MFE)
- Psych report – Pupil Personnel Office

DO NOT FAX RECORDS – MUST MAIL TO SCHOOL OR PARENT (PARENT COULD PICK UP)

Date: \_\_\_\_\_  
\_\_\_\_\_  
(Signature of parent/guardian/student\*)  
(Student must be 18 years old or older)

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

If you have any questions or concerns regarding the release of student records, please call, Mary Carter, Assistant District Records Officer, at 330-744-8844.