



Parent/Guardian/Student
Consent for Records Release

Name/Address of School Releasing Records

Phone: _____

Fax: _____

Student: _____ Birthdate: _____ Grade: _____

Please send the following information:

- | | |
|--|---|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Special Education Records (IEP, 504) |
| <input type="checkbox"/> Discipline Records (including expulsions) | <input type="checkbox"/> Standardized Test Scores |
| <input type="checkbox"/> Grade Report/Transcripts | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Health/Immunizations Records | |

I consent to the release of information as noted above and certify that I am the parent, guardian, or legal custodian of the student listed above, or the student if eighteen years of age or older.

Parent Signature: _____ Date: _____

***Please forward records to the address indicated below, if you are unable to release the requested records, please return reason for denial.**

Cincinnati State STEM Academy
3520 Central Parkway
Cincinnati, OH 45223
Phone: (513) 569-1820
Fax: (513) 569-1824