



Please return records to: _____

Mission: Each student is highly educated, prepared for leadership and service, and empowered for success as a citizen in a global

Records Request Form

Date of Request: _____ Student Name: _____

Date of Birth: _____ Present Grade Level: _____ Enrollment Date: _____

Receiving School

Columbus City School District – IRN 043802

Sending School

Withdraw date: _____

Receiving Reason:

- Open Enrollment
- Custody/Foster Placement
- Court Placed in CCS District
- Special Education
- Resident Student

Please complete form, make a copy for your records and return it with the student records requested below.

Cumulative Record Information

- Transcript / Report Card
- Standardized Test Scores
- Immunization Records/Health Records
- Vision / Hearing Screening

Special Education Records

- Psychological Test Scores and Reports
- Observation Reports
- IEP (Individualized Education Program)
- ETR (Evaluation Team Report)

In accordance with the Family Educational Rights and Privacy Act dated June 17, 1976, parental permission is no longer required when records are requested by authorized school personnel

(School Personnel)

Date

(Parent/Guardian Signature)

Date

The Columbus City School District does not discriminate based upon sex, race, color, national origin, religion, age, disability, sexual orientation, gender identity/expression, ancestry, familial status or military status with regard to admission, access, treatment or employment. This policy is applicable in all district programs and activities.