



Student Records Request

Please release all appropriate past and present academic, discipline, medical, confidential and special education records (including psychological information, diagnostic summaries, IEPs, ETRs, etc.) on the student named below. Records should be mailed, faxed, or emailed to the address listed below.

_____	_____	_____
Student Name	Birth date	Grade
_____	_____	_____
Signature of Parent/Guardian	Relationship	Date

Name and address of school releasing records:

_____	Phone: _____
_____	Fax: _____
_____	Contact: _____

The following is to be filled out by the prior school:

School IRN Number: _____	Student SSID Number: _____
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If Applicable:

The records for the above student CANNOT be released because (check all that apply):

- Fees due (Amount owed: _____)
 Graded incomplete
 No records available
 Books not returned (Titles): _____

If the student has been expelled, please include details of expulsion (reason and dates): _____

_____	_____
Signature/Title of person completing form	Date

Reading High School

1301 Bonnell Ave
Reading, OH 45215
Fax: 513-483-6754
Email records to: cbell@readingschools.org

Reading Hilltop Elementary

2236 Bolser Dr
Reading, OH 45215
Fax: 513-483-6772
Email records to: abollmer@readingschools.org

Reading Middle School

230 Halker Ave
Reading, OH 45215
Fax: 513-842-5146
Email records to: jwidmeyer@readingschools.org

Reading Central Elementary

416 W. Vine
Reading, OH 45215
Fax: 513-483-6766
Email records to: hmattingly@readingschools.org