



Greenon Local Schools (IRN: 046235) Records Request

Student: _____ Birth Date: _____

School Previously Attended:

School Name

Street/PO Box

City State Zip
() ()

Phone

Fax

Student Start Date:

I hereby authorize the release of records for the above student.*

Parent/Guardian Signature

Date

Please Send:

_____ **ALL STUDENT RECORDS**

_____ **Special Education Records including any of the following:**

- *IEP & ETR (Please send IEP/ETR ASAP to amyers@greenonschools.org)*
- Psychological testing/assessments
- Tested and not placed in special education testing information
- 504 plan (if applicable)
- Gifted Identification

_____ Other: _____

ENON ELEMENTARY SCHOOL (Grades K-1)
 120 SOUTH XENIA ST.
 ENON, OHIO 45323
 937-864-7361
 FAX 937-864-6014
 EMAIL: lrenner@greenonschools.org

INDIAN VALLEY SCHOOL (Grades 2-6)
 510 ENON-XENIA RD
 ENON, OHIO 45323
 937-864-7348
 FAX 937-864-6009
 EMAIL: khamilton@greenonschools.org

GREENON JR/SR HIGH SCHOOL (Grades 7-12)
 3950 S. TECUMSEH RD
 SPRINGFIELD, OHIO 45502
 937-340-6372
 FAX 937-340-6371
 EMAIL: vspink@greenonschools.org

_____ Moved into GLSD
 _____ Court Placed into GLSD
 _____ Open Enrollment Approved GLSD
 _____ Other: _____

*It is not necessary for parents to sign a release when records are being passed from public school to public school. Note Federal Register, Thursday, June 17, 1976, Part II N.E.W. Privacy rights to parents and students. Final rule on education records. Vol. 41#118-24673. "99.31 prior consent for disclosure not required."