

Allen County Educational Service Center ED/Alternative Programs  
5009  
Record Release and/or Request

**To:**

School/Agency \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

**From:**

Allen County ESC ED/Alternative Programs  
1920 Slabtown Rd.  
Lima, OH 45801

Attention: Sherri Tucker, Director  
Telephone: 419-222-1836 X 112  
Fax: 419-222-1363

Request the records of:

\_\_\_\_\_ Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age

\_\_\_\_\_ Street Address \_\_\_\_\_ Telephone \_\_\_\_\_ Grade

\_\_\_\_\_ City, State, Zip Code

**We are requesting the following information/records for the student named above:**

- Identifying Data       Attendance Information       Current Grades
- Standardized Test Scores       IEP       Health Records
- Academic Transcript       Multifactorial Evaluations       Proficiency Results
- Psychological Evaluations

Other: A professional exchange of information between the counselor/social worker and the child's educational team in the assigned program (ED or Alternative) to assist in the child's educational and mental health support.

**Reason for request:**

To assist in making present and future educational decisions.

*I understand that the district cannot assume responsibility for the confidentiality of educational information disclosed. I authorize you (the agency listed above) to release educational information regarding the student named above in the manner indicated.*

\_\_\_\_\_  
Parent/Guardian Signature and Date

\_\_\_\_\_  
Administrator's Signature/Title and Date