

AMHERST EXEMPTED VILLAGE SCHOOLS

185 Forest St Amherst, Ohio 44001

Student's Name (Last, First, Middle)

Date of Birth

Grade Entering

Request for Records for Student Attending Amherst Schools

To: _____

Previous School Name

School Phone Number

School Fax Number

Previous School Address (Include City, State and Zip Code)

I, the undersigned, grant permission for the release of all educational, health and psychological files (if applicable) for the above named student.

PLEASE INCLUDE:

- Transcript of GRADES/Grades at withdrawal
- Transcript/ACT/SAT to all colleges & scholarships
- Immunization records, and complete physical exam from within the last year (if planning on participating in sports)
- Academic Records/Cumulative File/Test Scores/Attendance
- Psychological Reports, (Current IEP, ETR, Parent Consent Form)
- Custody Papers (if applicable)

PLEASE RELEASE AND TRANSFER RECORDS TO: (Circle One)

Powers Elementary School
401 Washington St
Amherst, OH 44001
Phone: (440)988-8670
Fax: (440)988-8674

Harris Elementary School
393 South Lake St
Amherst, OH 44001
Phone: (440)984-2496
Fax: (440)985-1278

Nord Middle School
501 Lincoln St
Amherst, OH 44001
Phone: (440)988-4441
Fax: (440)988-2371

Amherst Junior High School
548 Milan Ave
Amherst, OH 44001
Phone: (440)988-0324
Fax: (440)988-0328

M.L. Steele High School
450 Washington St
Amherst, OH 44001
(440)988-4433
(440)988-988-5087

Parent/Guardian/Student (if 18 years old) Signature

Date

I am withdrawing my child from _____

Amherst School

Last Day Attending Amherst Schools

Please send records to: _____

Name and Address of New School

Parent/Guardian/Student (if 18 years old) Signature

Date

First Request _____

Second Request _____

Third Request _____

Records Requested By _____