



Twin Valley Community Local School District  
 100 Education Drive  
 West Alexandria, Ohio 45381  
 (937) 839-4688 Fax: (937) 839-4898

## Release/Request for Student Records

TO: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Student Name: \_\_\_\_\_

DOB: \_\_\_\_\_

### Required Documentation

The above-named student is enrolling in our school. Please forward the following **REQUIRED** information:

- |   |  |
|---|--|
| <input type="checkbox"/> Ohio SSID #: _____                                   | <input type="checkbox"/> IEP/ETR/504/Psychological Evaluation <i>(if applicable)</i>             |
| <input type="checkbox"/> Present Grade: _____                                 | <input type="checkbox"/> Date Withdrawn: _____   |
| <input type="checkbox"/> Grades-to-date <i>(each year including comments)</i> | <input type="checkbox"/> Test Scores   |
| <input type="checkbox"/> Immunizations <i>(including other health forms)</i>  | <input type="checkbox"/> Transcripts <i>(all credits &amp; interpretation of grading system)</i> |
| <input type="checkbox"/> Attendance Record                                    | <input type="checkbox"/> Individual Career Plan (ICP)  |
| <input type="checkbox"/> RIMP Records   | <input type="checkbox"/> Other:  |

### How Student Received:

- |  |   |
|--|---|
| <input type="checkbox"/> Moved to TVS District                             | <input type="checkbox"/> Foster / Court Placed <i>(Requires Court Document)</i> |
| <input type="checkbox"/> Own/Rent Home                                     | <input type="checkbox"/> Open Enrolled <i>(Requires Open Enrollment form)</i>   |
| <input type="checkbox"/> Living With <i>(Requires Living with form)</i>    | <input type="checkbox"/> Following a District Employee                          |
| <input type="checkbox"/> With Grandparent <i>(Requires Court Document)</i> |   |

**TVS District IRN: 049296**

Thank you for your time and prompt response to this matter. Please return a copy of this form with the school records to the following address or fax to the following number:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> <b>Twin Valley South Elementary</b><br>100 Education Drive<br>West Alexandria, Ohio<br>45381 Phone: 937-839-4315<br>Fax: 937-839-5541<br><b>IRN: 038513</b> | <input type="checkbox"/> <b>Twin Valley South Middle School</b><br>100 Education Drive<br>West Alexandria, Ohio<br>45381 Phone: 937-839-4165<br>Fax: 937-839-4898<br><b>IRN: 019810</b> | <input type="checkbox"/> <b>Twin Valley South High School</b><br>100 Education Drive<br>West Alexandria, Ohio 45381<br>Phone: 937-839-4698<br>Fax: 937-839-4898<br><b>IRN: 037705</b> |
|--|---|---|

ATTN: Megan Mercer, Secretary

ATTN: Amanda Byrd, Secretary

ATTN: Erin Utsinger, Secretary

I hereby grant permission for the release of the above records and any other information that may be useful for admissions and educational planning concerning my child.

Parent Printed Name: \_\_\_\_\_

Parent Signature

Date (Month/Day/Year)