

AUTHORIZATION TO RELEASE INFORMATION TO BROOKFIELD LOCAL SCHOOL DISTRICT

I hereby authorize

_____ (Name of school district you are leaving)

_____ (Street Address, City and State)

_____ (Phone Number) (FAX Number)

to release the following information regarding: _____ Grade _____
(Student Name)

- _____ Transcript of Grades
- _____ Student Absence Information Letter *(for HB410 requirements. Must include attendance/absence HOURS, not days.)*
- _____ Health Records
- _____ Proficiency/Achievement Results
- _____ Psychological Records
- _____ IEP/MFE
- _____ Copy of Birth Certificate
- _____ Custody Papers

****IMPORTANT: IF YOU USE PROGRESSBOOK, PLEASE MAKE SURE YOUR SECRETARY OR EMIS COORDINATOR TRANSFERS THE STUDENT TO US SO ALL RECORDS, TESTING SCORES, ETC. FOLLOW THE STUDENT.****

Please send the above information to the appropriate school (via FAX or scanned email):

(Circle appropriate school) District IRN: 050120

Brookfield Elementary
 IRN #007906
 614 Bedford Road SE
 Brookfield, Ohio 44403
 (Grades K-4)
 Phone: 330-619-5240
 FAX: 330-448-8016
 Attn: Mrs. Simon
barb.simon@brookfieldschools.us

Brookfield Middle School
 IRN #003756
 614 Bedford Road SE
 Brookfield, Ohio 44403
 Grades 5-8
 Phone: 330-448-3003
 FAX: 330-448-3012
 Attn: Mrs. Burns
dawn.burns@brookfieldschools.us

Brookfield High School
 IRN #003749
 614 Bedford Road SE
 Brookfield, Ohio 44403
 Grades 9-12
 Phone: 330-448-3001
 FAX: 330-448-3004
 Attn: Mrs. Schultz
jennifer.schultz@brookfieldschools.us

Signature of Parent/Guardian: _____ Date: _____