

# GALLIPOLIS CITY SCHOOL DISTRICT IRN #044032

## CONSENT FOR RECORD RELEASE

STUDENT NAME: \_\_\_\_\_

GAHS    GAMS    Green Elem    Rio Grande Elem    Washington Elem

Grade \_\_\_\_\_ Enrollment Date \_\_\_\_\_

DOB \_\_\_\_\_ AGE \_\_\_\_\_  Male  Female SS# \_\_\_\_\_

Name of previous school attended \_\_\_\_\_

School Address \_\_\_\_\_

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

School phone \_\_\_\_\_ School fax \_\_\_\_\_

Name of previous school district \_\_\_\_\_

Last date of attendance at previous school \_\_\_\_\_

Is Student in Special Education?       yes       no

Is Student receiving Gifted Services?       yes       no

### RECORDS REQUESTED

Attendance Records

Discipline Records

Transcript/Final Grade Card

Test Scores including OAA/EOC (if applicable)

Withdrawal Grades

Health and Immunization Records

Grading Scale


#### SPECIAL EDUCATION RECORDS

IEP AND MFE/ETR  
Speech/Language  
Psychological Reports  
504 Plan  
Hearing

OTHER \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Please send records to: Cindy Angel, District Registrar

1) Email [cindy.angel@gc-k12.org](mailto:cindy.angel@gc-k12.org) OR 2) Fax 740~441~9088 OR 3) Mail 

Gallipolis City School District  
Gallia Academy Middle School  
Cindy Angel, District Registrar  
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Gallipolis, OH 45631