



Release for Records Request

From: Ridgewood School
2420 Saint Paris Pike
Springfield, Ohio 45504
p: 937.399.8900 f: 937.399.8173

To: _____

Request for Release of Records for _____ Grade _____

Please send information for the above listed student. This is a request for grades, test scores, discipline, attendance and health records.

I, (Parent/Guardian Name) _____, authorize the release of school records for (Student Name) _____ from _____ to Ridgewood School.

(According to the final regulation of the Family Educational Rights and Privacy Act [Buckley Amendment] dated June 17, 1996, it is no longer necessary to obtain written consent to release records to another school system in which the student may intend to enroll.)

Parent/Guardian Signature _____ Date _____

Head of School/CEO Signature _____ Date _____