

## RECORDS RELEASE REQUEST

- Lakeside High School Guidance**  
6600 Sanborn Rd  
Ashtabula, OH 44004  
Phone: 440.993.2528  
Fax: 440.993.2484  
Email: tamara.potter@aacs.net
  
- Lakeside Junior High School**  
6620 Sanborn Rd  
Ashtabula, OH 44004  
Phone: 440.993.2618  
Fax: 440.993.2647  
Email: sherri.anderson@aacs.net
  
- Lakeside Erie Intermediate School**  
2306 Wade Ave  
Ashtabula, OH 44004  
Phone: 440.992.1260  
Fax: 440.992.1262  
Email: sheryl.cerni@aacs.net
  
- Lakeside Superior Intermediate School**  
2308 Wade Ave  
Ashtabula, OH 44004  
Phone: 440.992.1270  
Fax: 440.992.1272  
Email: diana.charters@aacs.net
  
- Lakeside Huron Primary School**  
2300 Wade Ave  
Ashtabula, OH 44004  
Phone: 440.992-1230  
Fax: 440.992-1232  
Email: cindy.dickson@aacs.net
  
- Lakeside Ontario Primary School**  
2302 Wade Ave  
Ashtabula, OH 44004  
Phone: 440.992-1240  
Fax: 440.992-1242  
Email: nicole.smith@aacs.net
  
- Lakeside Michigan Primary School/  
AACCS Early Learning Center**  
2304 Wade Ave  
Ashtabula, OH 44004  
Phone: 440.992-1250  
Fax: 440.992-1252  
Email: stacey.piper@aacs.net  
robin.mckee@aacs.net
  
- Central Registration Office**  
6610 Sanborn Rd  
Ashtabula, OH 44004  
Phone: 440.992-1234  
Fax: 440.992-1209  
Email: amanda.steel@aacs.net

Date of 1<sup>st</sup> Request \_\_\_\_\_ 2<sup>nd</sup> Request \_\_\_\_\_

Parent/Guardian: Please fill in 'BOLD' boxes only:

**(From) School:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**← SCHOOL RECEIVING REQUEST: Please mail, E-mail, or Fax  
all pertinent school records to the school checked. If none checked, send to  
Central Registration Office.  
Attention: SCHOOL RECORDS**

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

**Student Date of Birth:** \_\_\_\_\_

Please provide SSID: \_\_\_\_\_

We are requesting the following records to aid in present and future educational decisions:

- |  |  |
|--|--|
| <input type="checkbox"/> All items in student's file     | <input type="checkbox"/> Transcript of Previous Credits/Grades |
| <input type="checkbox"/> Birth Certificate               | <input type="checkbox"/> Withdrawal Grades                     |
| <input type="checkbox"/> IEP                             | <input type="checkbox"/> Standardized Testing Information      |
| <input type="checkbox"/> ETR                             | <input type="checkbox"/> Career Passport                       |
| <input type="checkbox"/> Immunization/Health Record      | <input type="checkbox"/> Other _____                           |
| <input type="checkbox"/> Attendance/HB410 threshold info | _____  |
| <input type="checkbox"/> TGRG Diagnostics                | _____  |
| <input type="checkbox"/> Custody Papers                  | _____  |

*According to the Final Regulations-Family Rights and Privacy Act, Buckley Amendment, it is no longer necessary to obtain written consent to release records between schools. It states that school officials may receive a student's records without consent for such release. However, it is the intention of the Ashtabula Area City School District to obtain signatures upon registration.*

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Comments: \_\_\_\_\_