



STUDENT RECORDS REQUEST FORM

IMPORTANT INFORMATION FOR REQUESTORS:

- **Response Timeline:** In accordance with FERPA (34 CFR § 99.10) and Ohio law (R.C. § 3319.321), parent/eligible student requests to inspect and review records will be processed without unnecessary delay and within 45 calendar days of receipt.
- **Ohio Public School Transfers:** Transfers to another Ohio public school district, community school, STEM school, or chartered nonpublic school are processed electronically in accordance with Ohio Department of Education and Workforce guidelines and Information Technology Center (ITC) / Education Management Information System (EMIS) data exchange protocols. For transfers to another school district or community school, student records will be transmitted within five (5) school days of receiving the request pursuant to Ohio Revised Code § 3319.324.
- **Identity Verification:** To safeguard student privacy under the Ohio Student Privacy Act (R.C. § 3319.321) and FERPA, requests submitted by individuals must include a copy of a valid government-issued photo ID of the requester.
- **Adult Students:** If the student is 18 years of age or older (an "eligible student" under 34 CFR § 99.5), FERPA and Ohio law transfer rights to the student, and the adult student must complete and sign this form.

SECTION 1: STUDENT INFORMATION

Full Legal Name of Student: _____	Date of Birth (MM/DD/YYYY): _____
Grade Level / Campus: _____	State Student ID # (SSID / EMIS # if known): _____
Dates of School Attendance: From: _____ To: _____	Current Status: ☐ Enrolled ☐ Former



Last Ohio School Attended (if applicable): _____	Has 18th Birthday Passed? ☐ Yes ☐ No
--	--

SECTION 2: REQUESTER INFORMATION

Full Name of Requester: _____	Primary Phone: (____) _____
Mailing Address: _____	Email Address: _____
Legal Relationship / Authority to Request Records (Check all that apply): ☐ Parent listed on the student's birth certificate or school registration documents. ☐ Legal Guardian / Custodian (Must attach copy of court order or custody agreement). ☐ Eligible Student (Student who is 18 years of age or older). ☐ Authorized Representative / Third Party (Must provide signed authorization in Section 5B below). ☐ Official from another School / District (Please complete Section 3).	

SECTION 3: REQUESTING SCHOOL INFORMATION (For School-to-School Transfers)

Name of Requesting School/District: _____	Requesting Contact Person / Registrar: _____
Requesting School Address: _____	Contact Email Address: _____



Contact Phone Number: (____) _____	Secure Fax / District IRN (if applicable): _____
--	--

SECTION 4: SPECIFIC RECORDS REQUESTED

Check all specific records requested:

☐ Cumulative Academic Record (Transcripts, Report Cards, Ohio State Tests / OST Assessment Results, Attendance Records) ☐ Section 504 Records (504 Plans, Evaluation Reports, Accommodation Logs) ☐ Discipline & Conduct Records (Incident Reports, Disciplinary Action / Suspension / Expulsion Records per R.C. § 3313.66) ☐ Psychological & Counseling Records (Evaluations, Social Work / Counseling Summaries)	☐ Special Education / IDEA Records (IEPs, ETR / Evaluations, Accommodation Logs) ☐ Health & Immunization Records (Vaccination records per R.C. § 3313.67 & § 3313.671, Nurse Visit Logs, Medical Action Plans) ☐ English Learner (EL) / Gifted & Talented Records (EL Placement / Testing, Gifted Assessment Results per R.C. § 3324.01) ☐ COMPLETE EDUCATIONAL RECORD (All educational records maintained by the school)
☐ Other (Please specify): _____	☐ Other (Please specify): _____

SECTION 5: TYPE OF REQUEST

A. Purpose of Request (Required pursuant to FERPA 34 CFR § 99.30 and R.C. § 3319.321):

- ☐ Parental / Student Inspection or Personal Copy
- ☐ Transfer / Enrollment in a Private, Out-of-State, or Higher Education Institution



- ☐ Transfer / Enrollment to another Ohio Public School
- ☐ Legal, Administrative, or Medical Proceedings
- ☐ Other (Specify): _____

B. Delivery Method Requested:

- ☐ Secure Electronic Transfer (PDF via Email) — Email Address: _____
- ☐ EMIS/ITC Data Exchange (For Ohio Public Schools)
- ☐ In-Person Pick-Up at School Office (Photo ID required at pick-up)
- ☐ Standard U.S. Mail — Mailing Address: _____

- ☐ In-Person Inspection / Review at School Office
- ☐ Release Directly to Third Party / Agency (Complete Authorization Box below)

THIRD-PARTY RECIPIENT AUTHORIZATION (IF APPLICABLE):

I authorize [Community School Name] to release the requested records directly to:

Name / Organization:

Address / Email:

Phone: _____

SECTION 6: NOTICES

1. **Written Consent Requirement (34 CFR § 99.30 & R.C. § 3319.321):** Federal law (FERPA) and the Ohio Student Privacy Act require written, signed, and dated consent before an educational institution discloses personally identifiable information (PII) from student education records, specifying the records to be disclosed, the purpose of disclosure, and the party to whom records are released.
2. **Transfer of Rights at Age 18 (34 CFR § 99.5 & R.C. § 3319.321):** When a student reaches 18 years of age or attends a postsecondary institution, all FERPA and state



privacy rights transfer from the parent to the student ("Eligible Student"). Parents may only access records of adult students with the student's written consent or if the student is claimed as a dependent for federal income tax purposes.

3. **Copying Fees & Record Withholding (34 CFR § 99.11, R.C. § 3313.642 & R.C. § 3319.324):** The school reserves the right to charge reasonable fees for paper copies of records, provided the fee does not prevent parental access. No fee is charged to search for or retrieve student records. Electronic copies (PDF) are provided free of charge where feasible.

SECTION 7: SIGNATURE & CONSENT FOR RELEASE

By signing below, I certify under Ohio law that I am the parent, legal guardian/custodian, eligible student, or authorized school official to request and receive these education records.

I hereby grant permission to [Community School Name] to release the specified records as indicated above. I understand that submitting false or misleading information to obtain confidential student records is a violation of state and federal law.

Signature of Requester / Parent / Student / School Official: _____	Date (MM/DD/YYYY): _____
Printed Name of Requester: _____	Relationship to Student / Title: _____

FOR SCHOOL OFFICE / REGISTRAR USE ONLY	FOR SCHOOL OFFICE / REGISTRAR USE ONLY
Date Request Received: ____ / ____ / 20____	Received By (Staff Name): _____
Government Photo ID / Official Request Verified? ☐ Yes ☐ No	Request Status: ☐ Approved ☐ Denied ☐ Partial



ID / Request Type: _____	
Date Completed / Dispatched : ____ / ____ / 20____	Delivery Method Used: ☐ Email ☐ EMIS/ITC System ☐ Mail ☐ In-Person