



RIVERSIDE ACADEMY

Request for Records

Last School Attended: _____

Last School Address: _____

Last School Phone: _____ Last School Fax: _____

You are authorized to release records for:

Name of Student: _____

Age: _____ Date of Birth: _____ Date Requested: _____

Specific Data to be released:

- Directory Information
- Health Records
- Permanent / Cumulative Records
- Pupil Personnel Services / Special
- IEP, MFE, Official Transcript with seal

Reason for Request:

- Enrollment
- To aid in future educational decisions
- Other: _____

Parent's Signature: _____ Date: _____

Ohio Revised Code Ohio Status 3319.32.1

Nothing shall prevent the transfer of a student's records (this includes transcripts and IEPs) to an educational institution for a legitimate educational purpose. A parent, legal guardian, or a person 18 years or older can request transcripts upon withdrawal from one public school district for the purpose of attending another school. This is a State Law and must be followed.

Please return requested records to:

**Riverside Academy
3280 River Road
Cincinnati, OH 45204
Phone: 513-921-7777
Fax: 513-921-7704**