

Records Request

Signature of Parent/Guardian or Student (if 18 years of age)

Authorization for Release of School Information

Information is requested for:			
Student:		_ Date of Birth:	
Name of last school attended:	:		
Address of last school attende	ed:		
City:	State:	Zip Code:	
Last grade attended:			
The student named above ha following school records is red	•	School District. The release of the	
	□ Immunization records □ Ir □ 504 Plan / Evaluation □ English L □ (Evaluation Team Report (ETR) ndividual Education Plan (IEP) Language Learner Records Gifted and Talented Records	
•		chool in the Berea City School District. Ps and WEPs. Electronic transfers are	
□ Big Creek Elementary	□ Berea-Midpark Middle Sch	ool J & G Snow School	
Karen Murray	Dawn McDevitt	Bonnie Zeiger	
kmurray@bereaschools.org	dmcdevitt@bereaschools.o		
216-898-8303	216-676-8400	440-260-8251	
□ Brook Park Elementary	□ Berea-Midpark High Scho	ol BCSD Pupil Services	
Maggie Nedoma	Christy Belford	Christina Elliott	
mnedoma@bereaschools.org	cbelford@bereaschools.or	celliott@bereaschools.org	
216-898-8307	216-898-8900	216-898-8300 x6256	
		Special Education Records	
□ Grindstone Elementary		 BCSD Pupil Services 	
Kathy Mucic		Kim Kreis	
kmucic@bereaschools.org		kkreis@bereaschools.org	
216-898-8305		216-898-8300 x6257 Special Education Records	
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		ased to another person or agency	
	f the parent, legal guardian or leg		
	wever, if copies are released to th	ecords being released as specified eem, the school district is relieved of	
Indicated by my signature bel	ow, I consent to the release of the	ese records to the Berea City Schools.	

Date