



IRN 045476

# MARYSVILLE

Exempted Village School District

Board of Education  
1000 Edgewood Dr.  
Marysville, OH 43040  
Office 937-578-6100  
Fax 937-578-6113

## AUTHORIZED STATEMENT OF RELEASE OF RECORDS

Marysville High School  
800 Amrine Mill Rd  
937-578-6200  
FAX 937-578-6223

**wendi.grim@mevsd.us**

Marysville Early College High School  
833 N Maple St  
937-578-7300  
FAX 937-578-7313

**lauren.rebello@mevsd.us**  
**dkgreen@mevsd.us**

Bunsold Middle School  
14198 SR 4  
937-578-6400  
FAX 937-578-6413

**ssteepe@mevsd.us**

Creekview Intermediate  
2000 Creekview Dr  
937-578-6600  
FAX 937-578-6613

**asdillah@mevsd.us**  
**mlbalch@mevsd.us**

Edgewood Elementary  
203 Grove St  
937-578-6800  
FAX 937-578-6813

**rebecca.sparks@mevsd.us**

Mill Valley Elementary  
633 Mill Wood Blvd  
937-578-6900  
FAX 937-578-6913

**ckweikle@mevsd.us**

Navin Elementary  
16265 County Home Rd  
937-578-7000  
FAX 937-578-7013

**acleonar@mevsd.us**

Northwood Elementary  
2100 Creekview Dr  
937-578-7100  
FAX 937-578-7113

**magonzal@mevsd.us**

Raymond Elementary  
21511 Main St  
Raymond, OH 43067  
937-578-7200  
FAX 937-578-7213

**srmabee@mevsd.us**

### STUDENT INFORMATION

Student's Full Name \_\_\_\_\_ Date of enrollment \_\_\_\_\_

\*School Child will be attending \_\_\_\_\_ Grade: \_\_\_\_\_

### PREVIOUS SCHOOL INFORMATION

Last School Attended \_\_\_\_\_ Grade: \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone/Fax \_\_\_\_\_

Is your student being served on an: IEP/ETR \_\_\_\_\_ 504 \_\_\_\_\_ N/A \_\_\_\_\_

Please send Special Education records to: Pam.Forder@mevsd.us

### RECORD RELEASE AUTHORIZATION

I hereby authorize you to release the following school records:

Official Administration Records (*name, date of birth, grade level completed, grades, attendance record*)

Birth Certificate

Custody/other legal papers

Test Results (*Standardized, State Assessments, Achievement, OGT and/or Proficiency*)

Medical/Immunization Records

Grade Cards and Reports

Sports Physical Card

Individual Career Plan (ICP)

Psychological Reports (MFE)

Individual Education Plan (IEP)

Gifted Placement or Identification

Parent/Guardian Signature \_\_\_\_\_ Relationship to student \_\_\_\_\_ Date \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

Thank you, Shannon Bretz, Registrar 937-578-6145/ Fax 937-578-6113 [shannon.bretz@mevsd.us](mailto:shannon.bretz@mevsd.us)

- PLEASE SEND RECORDS TO THE SCHOOL CHILD WILL BE ATTENDING
- PLEASE SEND RECORDS TO CENTRAL REGISTRATION