

# Danville Local Schools

## Authorization for Release of School Records

**Danville Local Schools District IRN 047837**  
**Rochelle Adam, Enrollment Officer**  
**P.O. Box 30 - Danville, Ohio 43014**  
**Phone: (740)-599-6116 Fax: (740)-599-5417**

**TO:** \_\_\_\_\_ **School District IRN #** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**Fax:** \_\_\_\_\_

**Attn: Student Records Office**

**Please mail or fax all records as requested for my child(ren) to Danville Local School's address as listed above.**

<u>Name</u>	<u>Date of Birth</u>	<u>Danville Start Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- |   |  |
|---|--|
| <input type="checkbox"/> Birth Certificate                      | <input type="checkbox"/> Gifted                |
| <input type="checkbox"/> Grades/(Transcript/Grades in Progress) | <input type="checkbox"/> Discipline            |
| <input type="checkbox"/> Immunization Records                   | <input type="checkbox"/> Social Security Card  |
| <input type="checkbox"/> Special Education Records              | <input type="checkbox"/> Psychological Records |
| <input type="checkbox"/> Custody Papers                         | <input type="checkbox"/> Attendance Records    |
| <input type="checkbox"/> All Test Scores                        |  |
| <input type="checkbox"/> Other _____                            |  |

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

\_\_\_\_\_  
**Present Address** **Street and/or PO Box**

\_\_\_\_\_  
**City** **State** **Zip**

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