



6451 Center Street
Mentor, OH 44060

STUDENT RECORDS RELEASE FORM

Please Print:

Name _____ Date of Birth _____
Last First MI Maiden

Home Address (Current) _____
Street City State ZIP

Telephone () _____ () _____ () _____
Home Cell Other

Email Address _____ @ _____

Year of Graduation (or years attended) _____

Circle YES or NO for each item below:

Grades in Courses	YES	NO
Attendance	YES	NO
Achievement Test Data	YES	NO
Aptitude Test Data	YES	NO
College Entrance Test Data	YES	NO
Honors/Awards	YES	NO
Health Records	YES	NO

Other (Please specify) (Example: Individual Education Plan [IEP])

I grant Mentor Public Schools permission to forward the above information for legitimate reasons to:

Colleges/Schools	YES	NO
Prospective Employers	YES	NO

Other (Please specify) (as requested)

Please forward the above records to:

School/Employer: _____

Address _____

City _____ State _____ ZIP _____

Signature _____

Date _____

THIS REQUEST MUST BE SIGNED AND PRESENTED WITH A VALID DRIVER'S LICENSE OR APPROPRIATE PICTURE IDENTIFICATION.