



HUDSON CITY SCHOOL
2400 HUDSON-AURORA RD
HUDSON, OHIO 44236

REQUEST FOR STUDENT RECORDS

Student's Name: _____ Grade _____

Name and address of last school attended:

(Name of School)

(Street Address)

City/ State/Zip)

School Phone: _____ Fax: _____

Date Withdrawn from above school: _____

I hereby request all records pertaining to my child including, but not limited to:
EDUCATION RECORDS (Transcripts, Report Cards, Test Scores)
ATTENDANCE RECORDS
HEALTH RECORDS/ IMMUNIZATIONS
DISCIPLINE RECORDS
SPECIAL EDUCATION RECORDS (IEP, MFE, 504 Plan, Psychological Reports and related Special Education Reports)

(Signature of Parent/Guardian)

(Relationship)

(Date)

Evamere Elementary
76 N Hayden Pkwy
Hudson, OH 44236
330-653-1226

Ellsworth Hill
7750 Stow Rd
Hudson, OH 44236
330-653-1236

East Woods Int. School
77 N Oviatt Pkwy
Hudson, OH 44236
330-653-1256

Hudson Middle School
83 N Oviatt St
Hudson, OH 44236
330-653-1316

Hudson High School
2500 Hudson-Aurora Rd
Hudson, OH 44236
330-653-1416

OFFICE USE ONLY

Records Requested _____

Records Received _____

Neither state nor federal law requires consent or parental signature to transfer student records to an educational institute for legitimate educational purposes. ORC 3319.321 20 USCA 1232g (b) (1) (B) Revised 04/29/2009