



Records Request Authorization for Release of School Information

Information is requested for:

Student: _____ Date of Birth: _____

Name of last school attended: _____

Address of last school attended: _____

City: _____ State: _____ Zip Code: _____

Last grade attended: _____

The student named above has been enrolled in the Berea City School District. The release of the following school records is requested:

- All educational records
- Academic records
- Assessment records
- Attendance records
- Other: _____
- Health records
- Immunization records
- 504 Plan / Evaluation
- Evaluation Team Report (ETR)
- Individual Education Plan (IEP)
- English Language Learner Records
- Gifted and Talented Records

Please send the records requested above to the appropriate school in the Berea City School District. **Berea City Schools uses SameGoal for IEPs, ETRs, 504s, WAPs and WEPs. Electronic transfers are encouraged when possible.**

- Big Creek Elementary**
Karen Murray
kmurray@bereaschools.org
216-898-8303
- Berea-Midpark Middle School**
Christy Belford
cbelford@bereaschools.org
216-676-8400
- J & G Snow School**
Bonnie Zeiger
bzeiger@bereaschools.org
440-260-8251
- Brook Park Elementary**
Barb Poney
bponey@bereaschools.org
216-898-8307
- Berea-Midpark High School**
Gina Knight-Woodward
gknight-woodward@bereaschools.org
216-898-8900
- BCSD Pupil Services**
Christina Craider
ccraider@bereaschools.org
216-898-8300 x6256
Special Education Records
- Grindstone Elementary**
Kathy Mucic
kmucic@bereaschools.org
216-898-8305
- BCSD Pupil Services**
Kim Kreis
kkreis@bereaschools.org
216-898-8300 x6257
Special Education Records

Records released to the school listed above are not to be released to another person or agency without the written consent of the parent, legal guardian or legal aged person. Parents, legal guardians or legal aged students may request a copy of the records being released as specified above to be sent to them; however, if copies are released to them, the school district is relieved of responsibility for confidentiality of those records.

Indicated by my signature below, I consent to the release of these records to the Berea City Schools.

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

Date