

**Warrensville Heights City School District
Request for Transfer of Student Records**

Date: _____ Student Name: _____ D.O.B. _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Sex: Male _____ or Female _____ Grade: _____

Requesting Records From: _____

Name of School	Address	
_____	_____	
City	State	Zip
		Phone: _____ Fax: _____

You are authorized to release the records listed below for the above-named student to: (if self, give own name and address)

Warrensville Heights High School
4270 Northfield Road
Warrensville Heights, OH 44128
Phone: 216.295.7752
Fax: 216.752.8116
Grades: 9-12



**WARRENSVILLE
HEIGHTS**
City School District

Warrensville Heights Middle School
4285 Warrensville Center Road
Warrensville Heights, OH 44128
Phone: 216.336.6575
Fax: 216.752.5813
Grades: 6-8
Keisha.taylor@whcsd.org

Eastwood Elementary School
4050 Eastwood Lane
Warrensville Heights, OH 44122
Phone: 216.295.7742
Fax: 216.921.6463
Grades: 4-5
Carol.harris@whcsd.org

Westwood Elementary School
19000 Garden Boulevard
Warrensville Heights, OH 44128
Phone: 216.865.4934
Fax: 216.865.4992
Grades: 2-3
Shedina.rabb@whcsd.org

John Dewey Elementary School
23401 Emery Road
Warrensville Heights, OH 44128
Phone: 216.755.8743
Fax: 216.921.8743
Grades: PK-1
Carolyn.nettles@whcsd.org

Pupil Services and Registration
4285 Warrensville Center Road
Warrensville Heights, OH 44128
Phone: 216.336.6584/6587
Fax: 216.921.5813
bridgette.owens@whcsd.org
yvonne.bell@whcsd.org

Special Education Department
4285 Warrensville Center Road
Warrensville Heights, OH 44128
Phone: 216.336.6592
Fax: 216.295.7747
Toni.wright@whcsd.org

All School records/check individual items below

- | | |
|---|--|
| <input type="checkbox"/> Attendance Records | <input type="checkbox"/> Grades/Progress Report/Transcript |
| <input type="checkbox"/> IEP | <input type="checkbox"/> 504 Plan |
| <input type="checkbox"/> ETR/MFE | <input type="checkbox"/> Guardianship/Court Documentation |
| <input type="checkbox"/> Test Scores/Assessment | <input type="checkbox"/> Medical/Health/Immunization |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Other |

I acknowledge notification of this transfer of records as required by the Family Educational Rights and Privacy Act of 1974 and I understand that I have a right to receive a copy, if requested, and have an opportunity for a hearing to challenge the content of the records. I understand that the information transferred will be treated in a confidential manner and will not be transmitted to a third party without my consent.

Signature _____

Relationship _____

Date _____