



# MAYFIELD CITY SCHOOL DISTRICT

Board of Education ♦ 1101 S.O.M. Center Road ♦ Mayfield Heights, Ohio 44124  
TEL: 440.995.6800 FAX: 440.995.7205

## Notice of Transfer/Withdrawal/Records Release

Student's Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Student's ADM #: \_\_\_\_\_ Withdrawal Date: \_\_\_\_\_  
Month/day/year last day

attended  
Mayfield High School

Current School: \_\_\_\_\_ Current Grade (last grade attended): \_\_\_\_\_

Address before withdrawal: \_\_\_\_\_  
Address Apt.# City Zip  
Unknown

New Address (if different from above): \_\_\_\_\_  
Address Apt.# City State Zip

### Reason for Leaving:

- Entire family moving
- Student to live with other parent/guardian
- Student to attend private school
- Change of Foster placement
- Student is 18 yrs old (non-grad) electing to work
- Other (specify): \_\_\_\_\_

### Release of Records:

It is requested that an official copy of the student record be sent to my child's new school district/agency:

- School District/Agency \_\_\_\_\_
- Transcripts/Academic Grades
  - Standardized Test Scores
  - Evaluation Team Report (ETR)/Individual Education Plan (IEP)
  - Other (please specify) \_\_\_\_\_
  - Grades to Date
  - Health/Immunization Records

*I am formally withdrawing the student named above from the Mayfield City School District and requesting the release of the records checked above. I understand that it is my responsibility to make certain that all of the student's books are returned and all the student's fees are paid by the last day at Mayfield Schools. Records will not be released until this has been completed.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Outstanding fees: \$ \_\_\_\_\_

Returned books? (circle) Yes No



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