



1101 S.O.M. Center Road ~ Mayfield Hts., OH 44124 ~ Tel: 440-995-6800 ~ Fax: 440-995-7205

AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

TO: _____
Name of Previous School Phone Fax

Address City, State, Zip

*The following student has enrolled in the Mayfield City School District.
You are authorized to release the records for the following student:*


Student Name: _____ Date of Birth: _____ Grade: _____
Street Address: _____ City, State, ZIP: _____
Phone: _____

I HEREBY REQUEST THAT ALL RECORDS BE RELEASED FOR MY CHILD, INCLUDING, BUT NOT LIMITED TO:

- Educational Records (Transcripts, Report Cards, Achievement Test Scores; OGT Scale Scores, etc.)
- Attendance Records
- Health Records/Immunizations
- IEP, MFE, 504 Plan, Psychological Reports and related Special Education Reports
- Other (please specify) _____

The purpose of this authorization:

- To aid in making present and future education decisions
- Other (please specify) _____

 _____
Parent/Guardian Signature Date

ELEMENTARY Grades K-5
Send Records to:
Mayfield Board of Education
1101 S.O.M. Center Rd.
Mayfield Hts., OH 44124
Phone: 440-995-7243
Fax: 440-995-7205
rbell@mayfieldschools.org

MIDDLE SCHOOL Grades 6-8
Send Records to:
Mayfield Middle School
1123 SOM Center Rd.
Mayfield Hts., OH 44124
Phone: 440-995-7807
Fax: 440-449-1413
ckerr@mayfieldschools.org

HIGH SCHOOL Grades 9-12
Send Records to:
Mayfield High School
6116 Wilson Mills Rd.
Mayfield Village, OH 44143
Phone: 440-995-6820
Fax: 440-995-6805
lkraft@mayfieldschools.org

*Mayfield City Schools is enrolled in Infinite Campus National Records Exchange.
If your school participates in this program through Infinite Campus,
please contact the Mayfield Board of Education Registrar, Laura Cantrell.*