



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: _____
mm/dd/yy last day attended

Current School: _____ Current Grade (last grade attended): _____

Address before withdrawal: _____
Address Apt.# City Zip

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: _____

Distribution:
Parent, Student File, Transportation, Special Pupil Services

Outstanding fees: \$ _____
Returned books? (circle) Yes No