

**Chagrin Falls Exempted Village Schools**

400 East Washington Street  
Chagrin Falls, OH 44022

**Family Last Name:**

**Chagrin Falls Address :**

<b>City</b>	<b>State</b>	<b>Zip</b>
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**STUDENTS BEING WITHDRAWN FROM CHAGRIN FALLS:**

<u>Student Full Name</u>	<u>Grade</u>	<u>Date of Birth</u>	<u>Last Day Attending CF</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**NEW RESIDENCY INFORMATION (If applicable)**

**New Household Address:**

<b>City</b>	<b>State</b>	<b>Zip</b>
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**NEW SCHOOL INFORMATION**

**District Name:**

<b>City:</b>	<b>State:</b>	<b>Zip:</b>
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<b>Phone:</b>	<b>Fax:</b>
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<b>Contact Name:</b>	<b>Email:</b>
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**RELEASE AUTHORIZATION**

I hereby authorize the transfer of this student's records to the new school district listed above upon written request from that district. This release includes current psychological test data, Multifactor Evaluation (MFE) or Evaluation Team Report (ETR) and Individualized Education Program (IEP) or Section 504 Accommodation Plan if applicable for student. I understand that I have a right to receive a copy at my cost if requested, the right to a hearing to challenge the contents if requested, and that the information transferred will be treated in a confidential manner and will not be transmitted to a third party without my written consent.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Parent / Legal Guardian or Self (if 18 or over)*

*PLEASE DO NOT WRITE BELOW THIS LINE*

- Records requested by new district Date: \_\_\_\_\_
- Records sent to new district Date: \_\_\_\_\_ Signature: \_\_\_\_\_

*If records not requested by new district indicate attempts to obtain enrollment documentation below:*

Date: \_\_\_\_\_ Explanation: \_\_\_\_\_

Date: \_\_\_\_\_ Explanation: \_\_\_\_\_