

**FORT FRYE HIGH SCHOOL**  
**Guidance Department**



Teresa A. Collins, School Counselor  
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Beverly, Ohio 45715  
740/984-2376 Fax 740/984-2501

**REQUEST FOR TRANSFER OF STUDENT RECORDS**

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

We have enrolled the student/students whose name and grade appear below. Please transfer records to our school so that progress of student may be kept up-to-date. Your attention to this matter is greatly appreciated.

**Specific Date to be Released:**

All personally identifiable data on file. (Including Health Records)

All cumulative records and any psychological reports if applicable.

The following records only: (please state): \_\_\_\_\_  
\_\_\_\_\_

With the understanding that the district cannot assume responsibility for the confidentiality of educational information disclosed, I authorize you to release educational information regarding the student(s) named below in the manner indicated.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent/guardian)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip Code)

Student: \_\_\_\_\_

Grade: \_\_\_\_\_

Student: \_\_\_\_\_

Grade: \_\_\_\_\_