



## Groveport Madison Local Schools Parental Consent for Student Record Release

**To: Building Administrator/Principal of Building:**

---

**Address of Previous School:**

---

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**This is authorization for you to release the records of the above listed student to:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> <b>Central Enrollment Office</b><br>5940 Clyde Moore Drive, Suite B<br>Groveport, Ohio 43125<br>(614) 491-8211 Fax (614) 492-2534 | <input type="checkbox"/> <b>Groveport High School</b><br>4475 S. Hamilton Road<br>Groveport, Ohio 43125<br>(614) 836-4967 Fax (614) 836-4690         | <input type="checkbox"/> <b>Groveport Junior High</b><br>751 Main Street<br>Groveport, Ohio 43125<br>(614) 836-4957 Fax (614) 836-4999   |
| <input type="checkbox"/> <b>Groveport Middle School North</b><br>5474 Sedalia Drive<br>Columbus, Ohio 43232<br>(614) 837-5508 Fax (614) 833-2033           | <input type="checkbox"/> <b>Groveport Middle School South</b><br>4400 Glendening Drive<br>Groveport, Ohio 43125<br>(614) 836-4953 Fax (614) 836-4956 | <input type="checkbox"/> <b>Asbury Elementary</b><br>5127 Harbor Boulevard<br>Columbus, Ohio 43232<br>(614) 833-2000 Fax (614) 833-2004  |
| <input type="checkbox"/> <b>Dunloe Elementary</b><br>3200 Dunloe Road<br>Columbus, Ohio 43232<br>(614) 833-2008 Fax (614) 833-2007                         | <input type="checkbox"/> <b>Glendening Elementary</b><br>4200 Glendening Drive<br>Groveport, Ohio 43125<br>(614) 836-4972 Fax (614) 836-4974         | <input type="checkbox"/> <b>Groveport Elementary</b><br>715 E. Main Street<br>Groveport, Ohio 43125<br>(614) 836-4975 Fax (614) 836-4680 |
| <input type="checkbox"/> <b>Madison Elementary</b><br>4600 Madison School Drive<br>Columbus, Ohio 43232<br>(614) 833-2011 Fax (614) 836-4683               | <input type="checkbox"/> <b>Sedalia Elementary</b><br>5400 Sedalia Drive<br>Columbus, Ohio 432232<br>(614) 833-2014 Fax (614) 833-2014               |  |

**Information to be released: Academic, Health, Psychological, IEP, ETR, MFE, Attendance, Ohio Test Scores**

**Student SSID Number:** \_\_\_\_\_ (please include SSID you have on file)

**Reason for Request: (Please Check)**

- Student has enrolled in the Groveport Madison Local Schools**  
 **Other** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For School Use Only: Date request faxed/mailed: \_\_\_\_\_ By: \_\_\_\_\_