Arcanum-Butler Local School District

2011 Trojan Ave.
Arcanum OH 45304
937-692-5174 – phone
937-692-5959 – fax

Request for Release or Transfer of School Records

School last attended _____

Address _____

_____

Phone _____

Fax _____

It is requested that an official copy of the medical and school records including special ed records, IEP's, and gifted records for:

Student _____

Birthdate _____

Grade _____

be released and forwarded to:

☐ Arcanum Elementary
judi_delay@arcanum-butler.k12.oh.us
2011 Trojan Ave
Arcanum OH 45304

☐ Butler Middle School
lisa_parker@arcanum-butler.k12.oh.us
937.692.5174 – phone
937.692.8865 – fax

☐ Arcanum High School
sheryl_kramer@arcanum-butler.k12.oh.us

Signature of Parent/Guardian _____

Date _____

Parents, guardians, or legal age pupils may inspect the records transferred or received, and request a hearing to challenge the contents therein. Records transferred by authorization of this release will not be released to another person or out-of-district school or agency than the one listed above without notification to the parent, guardian, or legal age pupil.

Office Use

Faxed ☐ Mailed ☐ Date _____ ☐ Moved into district

Admission date Arcanum-Butler is reporting in EMIS _____ ☐ Attending through open enrollment
Withdrawal date reported by previous district _____

EMIS Coordinator – Roberta Zimmer
roberta_zimmer@arcanum-butler.k12.oh.us
937.692.5174x1319
Arcanum-Butler IRN #046631