

# Corydon Central High School

375 Country Club Road \* Corydon, Indiana 47112  
(812)738-4181 \* fax (812) 734-3302 or (812) 738-1145

## Authorization and Permission to Release Educational, Medical and/or Special Education Records

Student Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Previous School: \_\_\_\_\_

School Address: \_\_\_\_\_

School City, State, Zip: \_\_\_\_\_

School Phone Number: \_\_\_\_\_ School Fax Number: \_\_\_\_\_

My child is currently receiving special education services:

- No  
 Yes

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### ATTN: SCHOOL REGISTRAR

We are requesting the following records for the student listed above (all the apply):

#### STANDARD RECORDS

- Transcript of grades
- Standardized test scores
- Health and Immunization records
- Attendance Records
- Withdrawal Grades
- Discipline

#### SPECIAL EDUCATION RECORDS

- Individualized Education Plan (IEP)
- Language Proficiency Testing/Individual
- Individualized evaluation records
- Eligibility Determination Documents (if  
Not embedded in another document listed above)

Send standard records to:  Lynn Hall Corydon Central High School 375 Country Club Road Corydon, IN 47112 halll@shcsc.k12.in.us	Send special education records to:  Theresa Pope Harrison County Exceptional Learners 121 High School Road Corydon, IN 47112 popet@shcsc.k12.in.us
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Requesting Signature: \_\_\_\_\_ Title: \_\_\_\_\_

(For Office Use Only)	
Student's STN: _____	
Date Requested: _____	Date Received from School: _____