

GEMS

Graham Expeditionary Middle School

Date: _____

To: _____

Address: _____

City, State: _____

I hereby authorize Graham Expeditionary Middle School to release/obtain pertinent information concerning:

Name of child: _____

Grade: _____

Birthdate: _____

Pertinent information could include these items:

- Official transcript and confirmation of grade level advancement
- IEP, MFE or 504 records if applicable
- Test scores (OAA, Stanford, etc...) if available
- Immunization records
- Birth certificate
- Guidance counseling records that may assist this student's success

According to the Final Regulations- Family Education Rights and Privacy Act (Buckley Amendment) dated June 17, 1976, it is no longer necessary to obtain written consent to release records between schools. It states that school officials, including teachers within the educational institution and officials of other schools in school systems in which the student may intend to enroll, may receive a student's record without written consent for such release.

With the understanding that The Graham Expeditionary Middle School cannot assume responsibility for the confidentiality of educational information disclosed, I authorize you to release educational information regarding my child in the manner indicated.

Signature of Parent or Guardian

Date



Graham Expeditionary Middle School

140 E. 16th Ave

Columbus, OH 43201

614.253.4000 (ph)

614.253.4002 (fax)

www.GEMSschool.org

A Member of The Graham Family of Schools
In Partnership with Expeditionary Learning Schools

