



Hillsdale Elementary School

**W. Main Street
Hayesville, OH 44838
419-368-4364
FAX 419-368-3701**

Request for Student Records

I hereby certify that the student(s) below entered Hillsdale Elementary as of _____. Please forward records including BIRTH CERTIFICATE, SOCIAL SECURITY NUMBER, ACADEMIC progress, HEALTH and MEDICAL records, TEST scores, PSYCHOLOGICAL evaluations and any other information that may be helpful to us. Thank you very much.

**Student(s) _____

**Grade Entry _____

** _____
Date

** _____
Parental Consent

Tom Williams
Principal

****Parent/Guardian Complete**