



Today's Date: \_\_\_\_\_

IRN # 044818

For School Use Only	
Bldg Assigned:	_____
Student ID:	_____
Admission Date:	_____
Prev District IRN:	_____

### COMBINED FERPA RECORDS REQUEST AND HIPAA AUTHORIZATION FORM

*NOTE: Requesting release of school records does NOT guarantee enrollment until the registration process has been finalized.*

TO:  
 School District/Agency: \_\_\_\_\_  
 (School/Agency)

\_\_\_\_\_

(Street)

\_\_\_\_\_

(City/State/Zip Code)

Ph No.: \_\_\_\_\_

Fx No.: \_\_\_\_\_

Student Name: \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle)

DOB: \_\_\_\_\_ Current Grade: \_\_\_\_\_

**Parental permission is no longer required when school records are requested by authorized school personnel.  
(Family Educational Rights and Privacy Act, Final Rule on Educational Records, Federal Register, June 17, 1976, Vol. 41, No. 118, Page 24673)**

If student is receiving any Special Education Services, please send, as required by law, all special education records (IEPs and ETRs) to:  
***Keifer Academy - Special Education, Attn: Kim Turner, Fx# (937) 505-2972.***

### For School Use Only

Please send the following records: birth certificate, immunizations/health records, proficiency scores, grade cards, attendance and discipline to:

- |  |   |   |  |  |
|--|---|---|--|--|
| <input type="checkbox"/> <b>Fulton Elem</b><br>Attn: N. Bartley<br>631 S. Yellow Spring St.<br>Springfield, Ohio 45506<br>Ph# 937-505-4150<br>Fx# 937-322-5246<br>bartley@spr.k12.oh.us                | <input type="checkbox"/> <b>Horace Mann Elem</b><br>Attn: J. Arnold<br>521 Mount Joy St.<br>Springfield, Ohio 45505<br>Ph# 937-505-4280<br>Fx# 937-323-7646<br>arnoldj@spr.k12.oh.us                  | <input type="checkbox"/> <b>Kenwood Elem</b><br>Attn: I. Durrant<br>1421 Nagley St.<br>Springfield, Ohio 45505<br>Ph# 937-505-4220<br>Fx# 937-324-9721<br>durrant@spr.k12.oh.us     | <input type="checkbox"/> <b>Lagonda Elem</b><br>Attn: H. Dillon<br>800 E. McCreight Ave.<br>Springfield, Ohio 45503<br>Ph# 937-505-4240<br>Fx# 937-342-8954<br>dillonhl@spr.k12.oh.us              | <input type="checkbox"/> <b>Lincoln Elem</b><br>Attn: C. Rucker<br>1500 Tibbetts Ave.<br>Springfield, Ohio 45505<br>Ph# 937-505-4260<br>Fx# 937-324-8684<br>ruckerce@spr.k12.oh.us                   |
| <input type="checkbox"/> <b>Perrin Woods Elem</b><br>Attn: R. Beloff<br>431 W. John St.<br>Springfield, Ohio 45506<br>Ph# 937-505-4310<br>Fx# 937-322-7576<br>demir@spr.k12.oh.us                      | <input type="checkbox"/> <b>Simon Kenton Elem</b><br>Attn: T. Yontz<br>731 E. Home Rd.<br>Springfield, Ohio 45503<br>Ph# 937-505-4210<br>Fx# 937-342-8528<br>yontzt2@spr.k12.oh.us                    | <input type="checkbox"/> <b>Snowhill Elem</b><br>Attn: L. Dennis<br>531 W. Harding Rd.<br>Springfield, Ohio 45504<br>Ph# 937-505-4410<br>Fx# 937-399-2585<br>dennislr@spr.k12.oh.us | <input type="checkbox"/> <b>Snyder Park Elem</b><br>Attn: P. Frazier<br>1600 Maiden Lane<br>Springfield, Ohio 45504<br>Ph# 937-505-4430<br>Fx# 937-324-2246<br>frazierpa@spr.k12.oh.us             | <input type="checkbox"/> <b>Warder Park Wayne Elem</b><br>Attn: J. Honefanger<br>2820 Hillside Ave.<br>Springfield, Ohio 45503<br>Ph# 937-505-4450<br>Fx# 937-323-7924<br>honefangerje@spr.k12.oh.us |
| <input type="checkbox"/> <b>Hayward MS</b><br>Attn: J. Brown<br>1700 Clifton Ave.<br>Springfield, Ohio 45505<br>Ph# 937-505-4190<br>Fx# 937-323-9812<br>brownja2@spr.k12.oh.us                         | <input type="checkbox"/> <b>Roosevelt MS</b><br>Attn: B. Cromlish<br>721 E. Home Rd.<br>Springfield, Ohio 45503<br>Ph# 937-505-4370<br>Fx# 937-342-0280<br>cromlishbl@spr.k12.oh.us                   | <input type="checkbox"/> <b>Schaefer MS</b><br>Attn: L. Romanyszyn<br>147 Fostoria St.<br>Springfield, Ohio 45505<br>Ph# 937-505-4390<br>Fx# 937-325-8974<br>romanys@spr.k12.oh.us  | <input type="checkbox"/> <b>Springfield HS</b><br>Attn: N. Everingham<br>701 E. Home Rd.<br>Springfield, Ohio 45503<br>Ph# 937-505-4342<br>Fx# 937-342-4110<br>everinghamne@spr.k12.oh.us          | <input type="checkbox"/> <b>Keifer Academy</b><br>Attn: T. Weber<br>601 Selma Rd.<br>Springfield, Ohio 45505<br>Ph# 937-505-4120<br>Fx# 937-323-8784<br>webtertd@spr.k12.oh.us                       |
| <input type="checkbox"/> <b>Clark Pre-School</b><br>Attn: G. Humphrey-McDaniel<br>1500 W. Jefferson St.<br>Springfield, Ohio 45506<br>Ph# 937-505-4170<br>Fx# 937-325-9358<br>humphreygc@spr.k12.oh.us | <input type="checkbox"/> <b>Central Registration</b><br>Attn: P. Richardson<br>1500 W. Jefferson St.<br>Springfield, Ohio 45506<br>Ph# 937-505-2828<br>Fx# 937-505-2973<br>richardsonpa@spr.k12.oh.us | <input type="checkbox"/> <b>OnCourse Virtual Academy</b><br>Attn: M. Fee<br>700 S. Limestone St.<br>Springfield, Ohio 45506<br>Ph# 937-505-2920<br>feemm@spr.k12.oh.us              | <input type="checkbox"/> <b>Keifer Academy - Special Education</b><br>Attn: Kim Turner<br>601 Selma Rd.<br>Springfield, Ohio 45505<br>Ph# 937-505-2857<br>Fx# 937-505-2972<br>turner@spr.k12.oh.us |  |

SCSD Representative Signature: \_\_\_\_\_  
(Only needed if parental signature is not available)

Date: \_\_\_\_\_



Student Name: \_\_\_\_\_  
(Last) (First) (Middle)

DOB: \_\_\_\_\_ Current Grade: \_\_\_\_\_

**FERPA protected records:** To the extent that the records requested are protected under the Family Educational Rights and Privacy Act (FERPA), I authorize that the above-indicated education records be released to the Springfield City School District, in the manner indicated above, and for the following purpose(s):

\_\_\_\_\_ To aid in present/future educational decisions

\_\_\_\_\_ Other (state): \_\_\_\_\_

**HIPAA protected records:** To the extent that the records requested are protected under the Health Insurance Portability and Accountability Act (HIPAA), this authorization shall expire on \_\_\_\_\_ (date or event), or until revoked by me in writing, whichever comes first. I understand that I have a right to revoke or cancel this authorization at any time, and may do so by notifying the above parties in writing. Such revocation will not be effective for the health information which has already been used or disclosed as a result of this authorization. I further understand that the health information used or disclosed pursuant to this authorization may be subject to re-disclosure by the person(s) or agency receiving this disclosed information. Should such re-disclosure occur, the health records in question may no longer be protected by federal or state privacy laws. Furthermore, I understand that I have a right to inspect and/or copy the protected health information that will be used or disclosed as a result of this authorization.

By signing below, I certify that I am the parent/guardian or legal custodian of the above-named student, am authorized to request the disclosure of the records which are the subject of this request, and hereby authorize the same.

Parent/Guardian Signature or student signature if not under 18: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name or student name if not under 18: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_