

Southern Local Jr. Sr. High School
38095 State Route 39
Salineville, OH 43945

Request for release of student records

Student Name: _____

Date of Birth: _____ age: _____ sex: _____

Name and address of last school attended:

School Name: _____

Street address: _____

City: _____ State: _____ Zip: _____

(Parent/Guardian Signature) (Date)

FAX to: 330-679-3005