

Zanesville Community High School Your Success, Our Mission

920 Moxahala Ave. Zanesville, Ohio 43701 Phone: 740-588-5685 shumphrey@zanesville.k12.oh.us

Jeff Moore

Carrie Bunting

Superintendent/Principal		Supervisor of Student Services	
REQUEST FOR RELEASE OF RECORDS			
Student or Parent (Please Print)	In person	Remote	
Student Name	Birth Date		
Address	Home/cel	Home/cell #	
Current School	Grade level		
I, the Parent/Student (over 18)			
Please Sign for Permission			
Hereby give permission to release copies of student to Zanesville Community High Sch			
I understand that all records provided to 2 application is in process will be maintaine		n School while the	
Please forward all records that would include Transcript/ Current Report Card Court Records	ude the following		
Health Records Attendance Records Social Security Card			
Birth Certificate All state testing results			
IEP/ETR (if applicable) any other screening	ngs		
Date in which we plan on starting student			
Comments:			