

MORGAN LOCAL SCHOOL DISTRICT

65 WEST UNION AVENUE
P.O. BOX 509
McCONNELLSVILLE, OH 43756

PHONE: 740-962-2782
FAX: 740-962-4931
WEB: www.mlsc.k12.oh.us



LORI SNYDER-LOWE
SUPERINTENDENT

SUSAN GABLE
TREASURER

TOM MUSGRAVE
ASSISTANT FOR INSTRUCTION

BEV STEINBRECHER
DIRECTOR OF SPECIAL PROGRAMS

REQUEST FOR RECORD RELEASE

To Guidance Office, Records Department and/or Principal of

_____:

I am the parent/legal guardian of:

_____ D.O.B. _____

You are hereby authorized to release *all academic, attendance, testing results, ODE approved list of Reading Assessments including: mCLASS: DIBELS Next, iReady Diagnostic, Performance Series Reading, MAP for Primary Grades, DRA2+, STAR Reading, STAR Early Literacy, HMH Reading Inventory, Iowa Assessments Form E/F Reading Test Levels 5-9, Continuum Benchmark Assessments for ELA, IStation's Indicators of Progress, Early Reading (ISIP ER), Lexia RAPID Assessment, immunization records, custody papers (if applicable), copies of birth certificate and social security card, and any other pertinent information* for the above student to:

Morgan High School
Attention: Records
800 Raider Drive
McConnellsville, OH 43756
740-962-2944
Fax 740-962-6005

mc-hardestyr@seovec.org

East Elementary School
Attention: Records
4265 N. State Route 376
McConnellsville, OH 43756
740-962-3361
Fax 740-962-6804

mc-copelandj@seovec.org
mc-reeda@seovec.org

Morgan Junior High
Attention: Records
820 Raider Drive
McConnellsville, OH 43756
740-962-2833
Fax 740-962-3389

mc-hinklek@seovec.org
mc-dilles@seovec.org

South Elementary School
Attention: Records
3555 State Route 792
Stockport, OH 43787
740-559-2377
Fax 740-559-2864

mc-jacksonr@seovec.org
mc-krausec@seovec.org

Bev Steinbrecher, Director of Special Programs
65 W. Union Avenue
P. O. Box 509
McConnellsville, OH 43756
740-962-2782
Fax 740-962-4931

West Elementary School
Attention: Records
9675 W. State Route 37
Malta, OH 43758
740-342-4873
Fax 740-342-7326

mc-palmerj@seovec.org
mc-wallaced@seovec.org

If the above student has an ETR and IEP, please send copies to the **Director of Special Programs**.

Signature _____ Date _____

Address: _____ City: _____ State: _____ Zip: _____

Current Resident of Morgan Local School (IRN 048777): _____ Yes _____ No _____ Requesting Open Enrollment

Proud of Our Past, Focused on Our Future