Cuyahoga Falls City School District
405 Tallmadge Road, Suite 2201 | Cuyahoga Falls, OH 44221 330.926.3800 www.cfalls.org

Student Withdraw/Records Release Form

Today's Date: _____ /_____ /_____

Student Name: _____ Date Of Birth: _____ /_____ /_____

Last Day: _____ Grade: _____ Phone: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

New School or Online School Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Reason for Withdrawing:

- ☐ Homeschooling
- ☐ Moved Out of District
- ☐ Open Enrolling (If So What District): _____
- ☐ Private School
- ☐ Online School: _____

If you have moved to a new address please fill out the section below:

Address: _____

City: _____ State: _____ Zip Code: _____

With the understanding that the district cannot assume responsibility for the confidentiality of educational information disclosed, I authorize you to release educational information regarding the above named student in the manner indicated. **I also affirm that all District owned technology has been returned.** By signing below I agree to all the above.

Legal Guardian Name (Printed): _____

Legal Guardian Signature: _____

Student Services Email: cf_studentservices@cftigers.org