



**HUDSON CITY SCHOOLS
2400 Hudson- Aurora Rd
Hudson, Ohio 44236
330-653-1216**

WITHDRAWAL FORM/ CONSENT TO RELEASE STUDENT RECORDS

Student's name: _____

Last grade attended: _____ **Last day of attendance:** _____

Reason for withdrawal: _____

New home address: _____

Street address

City/Town

State

Zip

Last school attended (circle one):

Evamere Elementary
76 N. Hayden Pkwy
Hudson, OH 44236
330-653-1226

Ellsworth Hill
750 Stow Road
Hudson, OH 44236
330-653-1236

East Woods Intermediate School
77 N. Oviatt Street
Hudson, OH 44236
330-653-1256

Hudson Middle School
83 N. Oviatt Street
Hudson, OH 44236
330-653-1316

Hudson High School
2500 Hudson-Aurora Rd
Hudson, OH 44236
330-653-1416

I hereby grant permission for all confidential, medical, special education, psychological, and educational documents and /or information related to my child be sent to:

Name of new school: _____

Address: _____

Street address

City/Town

State

Zip

Phone: _____ **Fax:** _____

Signed: _____

Signature of parent/guardian

Relationship

Date

Office use only (revised 9/24/2020)

Date records sent: _____ **Sent by:** _____