

ST. JAMES SCHOOL
6111 Cheviot Road
Cincinnati, Ohio 45247
513-741-5333
Fax: 513-741-5312

REQUEST FOR RELEASE OF STUDENT RECORDS

Student's Name _____ Date of Birth _____

Name of Former School _____

Address of Former School _____

City, State & Zip of Former School _____

Phone # of Former School _____

Fax # of Former School _____

As the parent/guardian, my signature authorizes the release of student records to the school named above. The material provided is to be used for educational placement and will be maintained with all due safeguards as provided by the laws of "Rights and Privacy", and will become part of the individual's education file subject to review by parents and other persons authorized under the law.

The following information, as marked, is requested:

- | | | |
|---|--|--|
| <input type="checkbox"/> Permanent Record Card | <input type="checkbox"/> Attendance Reports | <input type="checkbox"/> Discipline Records |
| <input type="checkbox"/> Current Year Report Card | <input type="checkbox"/> Health Records | <input type="checkbox"/> ETR (if applicable) |
| <input type="checkbox"/> Court Records | <input type="checkbox"/> Psychological Records | |
| <input type="checkbox"/> IEP/ISP/Accommodation Plan/504 (if applicable) | | |
| <input type="checkbox"/> Standardized Test Scores including IOWA's, CoGats, and any state testing | | |

Parent Name: _____

Parent Signature: _____

Date: _____