



Saint Bernadette Parish School

2300 Clague Road
Westlake, Ohio 44145
440-734-7717

PERMISSION TO RELEASE SCHOOL RECORDS

STUDENT'S NAME: _____

DATE OF BIRTH: _____

By my/our signatures below, I/we, as parent(s) or legal Guardians(s) of the above named student, give permission to the Principal of:

Name of School: _____

School Address: _____

City, State & Zip: _____

To release the following school records to:

Name of School: _____

School Address: _____

City, State & Zip: _____

Please place a check by the records you authorize to be released

_____ Grades and Academic Records

_____ Attendance Records

_____ Disciplinary Records

_____ Medical Records

_____ Testing Results and/or Evaluations

_____ Psychological assessments and records

_____ I/We are current in our financial responsibilities to the school we are withdrawing from

Parent Signature: _____ **Date:** _____