

**St. Joseph Consolidated School
925 South Second Street
Hamilton, OH 45011**

Permission to Release Student Records Form

School Name: _____ Date: _____

Address: _____

Please release the academic and related records for:

Student Name: _____

Present Grade: _____ Date of Birth: _____

Specific Records to be released:

Academic Progress _____	Psychological Report _____
Achievement Test Results _____	Medical Evaluation for Special Education _____
Attendance _____	Individual Education Program (IEP) _____
Health and Immunization _____	Speech and Language _____

Special Records to be released:

Please send all records by mail or email to:

Records Clerk
St. Joseph Consolidated School
925 South Second Street
Hamilton, OH 45011
513-863-8758
tstenger@sjcshamilton.org

I consent to the release of records indicated above.

Parent Signature

Date

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FOR OFFICE USE:

Date mailed: _____ Date Received: _____

Receiving Clerk: _____