



REQUEST FOR STUDENT RECORDS

Please send the records identified below, if available for this student as soon as possible. If no records are available, please return our request indicating the following:

No Records Available Unable to Send Records

Reason:

We would appreciate receiving any additional information that would enable us to better meet the individual needs of the student. Thank you for your prompt cooperation.

Sincerely, Mrs. Lizanne Ingram, Principal Date

AUTHORIZATION TO RELEASE INFORMATION

Parent/Guardian Name authorizes the release of the records of

Student's Last Name First Name Mid. Initial Birth date Mon Day Year

From the Following School/Institution:

Most Recent School Address City, State, Zip Code Telephone Number Fax Number Grade Level

- The following records should be released if on file. Please check all that apply. Transcript of subjects and grades Ohio Achievement Results Attendance Record Proficiency/Standardized Test Results Psychological or Other Individual Test Results Gifted Assessments 504 Accommodation Plan Health Records English Language Proficiency Assessments Special Education Records, including IEP and MFE and behavior plan

\*\* Items that cannot be withheld due to non-payment of fees or obligations are (1) health/immunization records, (2) state test scores, (3) multifactored evaluation (MFE), (4) Individual educational program (IEP), (5) IEP progress reports. \*\*

The records may be released to: St. Bernadette School Attn: Mrs. Joyce Ell 1453 Locust Lake Road Amelia, OH 45102 (513) 753-4744 Fax: (513)753-9018

I am authorizing the release of these records. I am the parent, guardian, or custodian of the subject of these records and the subject is under 18 years of age. By signing this request I relieve the school, which the above named student was attending, of the responsibility of notifying me that the records are being transferred. This authorizes transfer of all school records. I give permission for my child's teacher/former teacher to speak with faculty/staff of St. Bernadette School. I understand that St. Bernadette School's faculty/staff will keep any information shared about my child confidential.

Signature Date