

AUTHORIZATION TO RELEASE SCHOOL RECORDS
Policy of School Release

Please send records for the child/children named below. These records will include all academic grades, test scores, medical and psychological reports, speech, etc.

I understand that this information will be used for the professional purpose of helping my child/children in his/her education program and will be sent to the appropriate authorized personnel.

I understand that before release of these records, it is the policy of St. Brendan School that all tuition and/or educational fees I may have outstanding be paid in full.

Please place check before records authorized to be released.

- _____ grades and academic records
- _____ psychological assessments and records
- _____ disciplinary records
- _____ attendance records
- _____ medical records
- _____ testing results and/or evaluations

I, hereby, grant permission to:

_____ (your child's current school)

to release all of the above mentioned records to:

Saint Brendan School
4242 Brendan Lane
North Olmsted, Ohio 44070

For the following students:

Student's Name _____	Grade _____
Student's Name _____	Grade _____
Student's Name _____	Grade _____
Address _____	

Signature _____
(Parent or Guardian)