

St. Brendan School
4242 Brendan Lane
North Olmsted, Oh 44070
(p) 440.777.8433 / (f) 440.779.7997

By my (our) signature below, I (we), as parent(s) or legal guardian of

_____ whose date of birth is _____
(Name of Student) (Date of Birth)

give permission to the principal of _____
(Name of School)

to release the school records of _____
(Name of Student)

to *Saint Brendan School*.

PLACE A CHECK BEFORE THE RECORDS AUTHORIZED TO BE RELEASED:

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

Witness Date

Parent Date

Witness Date

Legal Guardian Date