ARCHDIOCESE OF CINCINNATI

REQUEST FOR RELEASE OR TRANSFER OF SCHOOL RECORDS

This form is provided for the purpose of obtaining or releasing a student's records. By signing this release, a parent, legal guardian, or the student involved who is over 18 years of age, will expedite the transfer of records to another school for enrollment in that school.

_____ _____

(Name of School Currently Attending) (Date)

_____

(School Address)

I, _____, (Parent/Guardian/Adult Student) do hereby give my permission

for _____

(Student's Name)

- **Transcript**
- **Report Card**
- **Medical Records/Immunizations**
- **504 Plan, IEP/ETR**
- **End of Course Exam Scores**
- **Current Schedule**
- **Standardized Test Scores**
- **Attendance**

By signing this request for transfer, 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 academic records, health records, medical records, disciplinary records, psychological records **(all school district evaluation team reports),** records of test scores, including End of Course Exams and Standardized Tests, State ID #, and all additional school records as defined by PL 93-380 and any amendments thereto.

_____

Signature of Parent/Guardian/Adult Pupil

_____

Principal J. Patrick Kelly Jr.