

AUTHORIZATION TO RELEASE INFORMATION

This form is provided for the purpose of obtaining or releasing a student's records, IEP and Standardized testing scores. 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.

Parent/Guardian Name			authorizes the releas	e of the records of	
			1	,	
Student's Last Name	Student's First Name	Middle Initial	Birthdate Month	Day Year	
From the following School	ol/Institution:				
Most Recent School/Institut	ion				
Address					
City, State, Zip Code					
Telephone Number		Fax Nur	mber		
The following records ma	y be released. Please Check:				
X Transcript of subjects and grades		X Ohio Proficiency Test Results			
X Attendance Record		X Standardized Test Results			
X Health Records		XStudent	X Student's SSID#		
X Psychological or Other Individual Test Results		X504 or	X 504 or Other Intervention Plans		
X IEP and Special E	ducation Records, If Applicable				
The Records May be Rele	ased To:				
New School	St. Francis de Sales Scho	ol			
Address	1602 Madison Road				
City, State, Zip Code	Cincinnati, Oh 45206				
Telephone Number	513-961-1953 Fax	Number <u>513-961</u>	-2900		
I am authorizing the relea	se of these records for these re	easons. Please che	ck one.		
•	these records and 18 years of ag				
I am the parent, gu	ardian, or custodian of the subject	ct of these records ar	nd the subject is under	r 18 years of age.	
Signature		Date_			
	ransfer, I relieve the school which ords are being transferred. This a ments thereto.				
Principal					