



13633 Rockside Road, Garfield Heights, Ohio 44125  
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## Permission to Release School Records

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

\_\_\_\_\_ whose date of birth is \_\_\_\_\_  
(Name of Student) (birthdate)

give permission to the principal of \_\_\_\_\_ School to release  
(School Name)

school records for \_\_\_\_\_ to \_\_\_\_\_  
(Name of Student) (Name of School)

Records requested:

- \_\_\_\_\_ Grades and Academic Records
- \_\_\_\_\_ Psychological Assessments and Records
- \_\_\_\_\_ Disciplinary Records
- \_\_\_\_\_ Medical Records
- \_\_\_\_\_ Testing Results and/or evaluations

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Legal Guardian Signature

Date \_\_\_\_\_

Date \_\_\_\_\_