

ST. BRIDGET OF KILDARE SCHOOL

5620 Hauserman Rd

Parma, OH 44130

Phone: (440) 886-1468

Fax: (440) 886-5121

PERMISSION TO RELEASE SCHOOL RECORDS FORM

**YOU MUST GIVE THIS TO THE SCHOOL YOUR CHILD IS
PRESENTLY ATTENDING**

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

(Name of Student) (Date of Birth)

give permission to the principal of

----- School to release the following
records

(Name of current school)

of -----

(Name of student)

to: St. Bridget of Kildare School
5620 Hauserman Rd
Parma, OH 44130

Place a check before the records authorized to be released:

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

(Parent Signature) (Date)