



Saint Bridget of Kildare Elementary School

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The Rev. Robert W. Wisniewski, Jr., Pastor

Mrs. Heather Hawk Frank, Principal

PERMISSION TO RELEASE SCHOOL RECORDS

Please release the records from (current school) _____ to
Saint Bridget of Kildare Elementary School for the following student:

Student's Name _____ Grade _____

Date of Birth _____

Address _____

City/Zip Code _____

Parent/Guardian Phone _____

Please send the following records:

- | | |
|--|--|
| <input type="checkbox"/> Grades & academic records | <input type="checkbox"/> Psychological assessments and records |
| <input type="checkbox"/> Disciplinary records | <input type="checkbox"/> Attendance records |
| <input type="checkbox"/> Medical records | |
| <input type="checkbox"/> Response to Intervention (RTI) records - MAP, DIBELS, AIMS web, STAR,
Curriculum Based Measurement | |
| <input type="checkbox"/> ETR, IEP, ISP, 504 or accommodation plan (if applicable) | |

I understand that with this release of records, I also grant permission for both administrations to communicate regarding my child.

Parent or guardian signature _____

Date _____

The records may be faxed to 440-886-5121.