



# *Saint Bridget of Kildare Elementary School*

*5620 Hauserman Road*

*Parma, OH 44130*

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## **PERMISSION TO RELEASE SCHOOL RECORDS**

Please release the records from \_\_\_\_\_ to  
(Current school)

St. Bridget of Kildare Elementary School for the following student:

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City/Zip Code: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_

Please send the following records:

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

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

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Records may be faxed to 440-886-5121*