

79 Chapel Street Dave McDowell

Monroeville, OH 44847 Principal

Phone: 419-465-2625 Amanda Dixon

Fax: 419-465-2170 Administrative Assistant

**REQUEST FOR RELEASE OF SCHOOL RECORDS**

Person to whom request is made: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Principal – Counselor)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name of School)

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 (School Address)

Request for release of records of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Student’s Name)

Signature of person making request \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason for request \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Records are to be sent to: **St. Joseph School**

 **79 Chapel Street**

 **Monroeville, Ohio 44847**

Type of information to be released:

A. Non-Classified

 \_\_\_\_\_\_\_\_ Transcript, name, address, age, sex, academic progress report, marks, ability and achievement

 test scores, rank

 \_\_\_\_\_\_\_\_ Activity record

 \_\_\_\_\_\_\_\_ Attendance record

B. Classified

 \_\_\_\_\_\_\_\_\_ Disciplinary records \_\_\_\_\_\_\_\_\_\_\_ Psychological reports

 \_\_\_\_\_\_\_\_\_ Medical records \_\_\_\_\_\_\_\_\_\_\_ School recommendations

Date of request \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_