

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)

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

(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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_