

79 Chapel Street  
Monroeville, OH 44847

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Tyler Lauber  
Principal

Stephanie Zimmerman  
Administrative Assistant

*Where Faith and Education  
Form the Future*

## 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 \_\_\_\_\_