

79 Chapel Street
Monroeville, OH 44847

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Jolene Kreh
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 Catholic 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 _____