

**HOLY FAMILY SCHOOL**

7367 York Road  
Parma, Ohio 44130  
(440) 842-7785  
fax: (440) 842-3634

**PERMISSION TO RELEASE SCHOOL RECORDS**

By my (our) signature below, I (we), as parent(s) or legal guardian of

\_\_\_\_\_ whose date of birth  
(Name of student)

is \_\_\_\_\_ give permission to the  
(Date of Birth)

principal of \_\_\_\_\_ School to release the  
(School Name)

following school records of \_\_\_\_\_  
(Name of Student)

to \_\_\_\_\_:  
(Name of School, Individual, or Entity)

**Place a check before the records authorized to be released:**

- \_\_\_\_\_ grades and academic records
- \_\_\_\_\_ psychological assessments and records
- \_\_\_\_\_ disciplinary records
- \_\_\_\_\_ attendance records
- \_\_\_\_\_ medical records
- \_\_\_\_\_ testing results and/or evaluations

Witness \_\_\_\_\_

Date \_\_\_\_\_

Parent \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_

Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_