

St. Brendan School
4242 Brendan Lane
North Olmsted, Ohio 44070
Phone: 440.777.8433 / Fax: 440-779.7997

AUTHORIZATION TO RELEASE SCHOOL RECORDS

Please send records for the child/children named below. These records will include all academic grades, test scores, medical and psychological reports, speech, etc.

I understand that this information will be used for the professional purpose of helping my child/children in his/her education program and will be sent to the appropriate authorized personnel.

I understand that before release of these records, it is the policy of St. Brendan School that all tuition and/or educational fees I may have outstanding be paid in full.

Please place check before records authorized to be released.

- _____ Grades and academic records
- _____ Psychological assessments and records
- _____ Disciplinary records
- _____ Attendance records
- _____ Medical records
- _____ Testing results and/or evaluations
- _____ Individual Education Plan (I. E.P.)

I, hereby, grant permission to: _____
(your child's current school)

to release all of the above mentioned records to: Saint Brendan School
4242 Brendan Lane
North Olmsted, Ohio 44070

For the following students:

Name _____	Grade _____
Name _____	Grade _____
Name _____	Grade _____

Signature _____	Date _____
(Parent or Guardian)	