

ARCHDIOCESE OF CINCINNATI

REQUEST FOR RELEASE OR TRANSFER OF SCHOOL RECORDS

This form is provided for the purpose of obtaining or releasing a student's records. By signing this release, a parent or legal guardian will expedite the transfer of records to another school for enrollment in that school.

Current School Name _____

Address

City, State, Zip

Date _____

I, _____ (Parent/Guardian) do hereby give my permission for pertinent school records of:

Name	Grade
_____	_____
_____	_____
_____	_____

to be released to: St. Michael School
11136 Oak St.
Cincinnati, OH 45241

By signing this request for transfer, I relieve the school, which the above named student was attending, of the responsibility of notifying me that the records are being transferred. This authorizes transfer of all school records (as defined by P.L. 93-380 and any amendments thereto).

Parent/Guardian

Principal