

ST. MICHAEL THE ARCHANGEL CATHOLIC SCHOOL

723 SUTTON PLACE

FINDLAY, OH 45840

419-423-2738

FAX: 419-423-2720

EMAIL: tlane@findlaystmichael.org

PARENTAL CONSENT FOR RECORD RELEASE

I am the parent/legal guardian of:

Name _____ DOB _____ Grade _____

Name _____ DOB _____ Grade _____

Name _____ DOB _____ Grade _____

You are authorized to release/request any and all records:

- | | |
|---|---|
| <input type="checkbox"/> Birth Certificate
<input type="checkbox"/> Social Security Card/Number
<input type="checkbox"/> Grade Cards
<input type="checkbox"/> Health Records (immunizations/dental/medical)
<input type="checkbox"/> Official Attendance
<input type="checkbox"/> Custody/Court Papers | <input type="checkbox"/> Standardized Testing Results
<input type="checkbox"/> Progress Monitoring Reports (STAR/AIMS)
<input type="checkbox"/> ETR/IEP/504
<input type="checkbox"/> ESL/ELL plan/diagnostic/test results
<input type="checkbox"/> Any other helpful information for the student's transition |
|---|---|

TRANSFER FROM

School Name

Address

City, State & Zip

Fax No.

Phone No.

Date _____ Signature of Parent/Guardian _____

TRANSFER TO

School Name

Address

City, State & Zip

Fax No.

Email

(FOR SCHOOL USE ONLY)

First Request Sent/Faxed: _____

Second Request Sent/Faxed: _____

Records Received: _____