



AUTHORIZATION FOR RELEASE OF SCHOOL STUDENT RECORDS

This form is provided for the purpose of obtaining or releasing a student's records (grades 1-8 only). By signing this release, a parent/legal guardian gives permission for student records to be shared with St. Veronica school for (please circle) REVIEW and/or TRANSFER of enrollment.

I, _____ (parent/legal guardian/adult student),
authorize _____ (school name) to release all
academic records, transcripts, attendance/disciplinary/behavioral records, speech and
hearing evaluations, psychological testing, special education records, IHP/health/
immunization records for the following student(s):

STUDENT NAME

GRADE

Please mail or fax current school records to (please check appropriate box):

☐ ST. VERONICA PARISH SCHOOL
Attn: Admissions
4475 Mt. Carmel Tobasco Rd.
Cincinnati, OH 45244

(513) 528-0442 phone
(513) 528-0513 fax

☐ School Name: _____

Attn: _____

Address: _____

City/St/Zip: _____

Phone: _____

Fax: _____

► _____
Parent/Legal Guardian/Adult Student DATE

► _____
Records Representative DATE

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 in compliance with the Family Educational Rights and Privacy Act of 1974, and the ORC 3319.321.