



# Saint Paschal Baylon Catholic School

5360 Wilson Mills Road  
Highland Heights, OH 44143  
(440) 442-6766 Fax (440) 442-1729  
[www.saintpaschal.com](http://www.saintpaschal.com)



## PERMISSION TO RELEASE SCHOOL RECORDS

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

\_\_\_\_\_, whose date of birth is \_\_\_\_\_  
Name of Student Date of Birth

give permission to the principal of \_\_\_\_\_  
Name of current school

to release the school records to:

\_\_\_\_\_  
Name of new school

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

Place a check before the records authorized to be released:

- \_\_\_ Grades and Academic Records
- \_\_\_ Psychological Assessments and Records
- \_\_\_ Speech, LD, IEP Assessments and Records
- \_\_\_ Disciplinary Records
- \_\_\_ Attendance Records
- \_\_\_ Medical Reports
- \_\_\_ Testing Results and/or Evaluations

\_\_\_\_\_  
Parent Signature Date

\_\_\_\_\_  
Legal Guardian Signature Date