



ST. BERNADETTE  
CATHOLIC SCHOOL

## ***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. Bernadette School that all tuition and/or educational fees I may have outstanding be paid in full.

Please place a check mark before records authorized to be released.

- \_\_\_\_\_ *Grades and academic records*
- \_\_\_\_\_ *Attendance Records*
- \_\_\_\_\_ *Disciplinary records*
- \_\_\_\_\_ *Medical records*
- \_\_\_\_\_ *Testing results and/or evaluations*
- \_\_\_\_\_ *Psychological assessments and records*
- \_\_\_\_\_ *Individual Education Plan (I. E.P.)*
- \_\_\_\_\_ *I/We are current in our financial obligations to our current/former school*

I, hereby, grant permission to:

\_\_\_\_\_ *(your child's current school)*

to release all of the above mentioned records to:

*Saint Bernadette School  
2300 Clague Rd.  
Westlake, Ohio 44145*

For the following students:

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

Signature \_\_\_\_\_ Date \_\_\_\_\_ 20\_\_\_\_  
*(Parent or Guardian)*