

**STUDENT RECORDS**

**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, legal guardian, or the student involved who is over 18 years of age, will expedite the transfer of records to another school for enrollment in that school.

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SCHOOL NAME \_\_\_\_\_ DATE \_\_\_\_\_

I/We \_\_\_\_\_ (Parent, Legal Guardian) do hereby give my permission for all records, transcripts, speech and hearing, psychological testing, ISP'S including student health and immunization records.

Name	Grade
_____	_____
_____	_____
_____	_____

To be released to \_\_\_\_\_

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.

\_\_\_\_\_  
(Parent / Legal Guardian / Adult Pupil)

\_\_\_\_\_  
(Principal)

\_\_\_\_\_  
Date