

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 or legal guardian will expedite the transfer of records to another school for enrollment in that school.

Student Name

Current Grade

I, _____
(Print Parent/Guardian name)

do hereby give my permission for the above named student's school

records at : _____

to be released to: *St. Catharine School*
2865 Fair Ave.
Columbus, OH 43209

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 (as defined by PV93-380 and any amendments thereto).

Parent/Guardian Signature

Principal Signature