



PERMISSION TO RELEASE SCHOOL RECORDS

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

_____, whose date of birth is _____,
(Student Name)

_____, give permission to the principal of _____
(date of birth) (School Name)

to release the following school records of _____
(Student Name)

to Our Lady of the Elms School.

Records authorized for release:

- ___ grades and academic records
- ___ standardized testing scores/testing results and/or evaluations
- ___ psychological assessments and records
- ___ disciplinary records
- ___ attendance records
- ___ medical records

Parent or Guardian Date

Witness Date

Parent or Guardian Date

Witness Date

*SCHOOL OFFICE: please submit records to

Our Lady of the Elms – Admissions Office
1375 West Exchange Street
Akron, OH 44313
330-864-6488 FAX
330-867-0918 Tel