



SAINT COLUMBKILLE SCHOOL

A TRADITION OF EXCELLENCE

SPIRIT • SCHOLARSHIP • SERVICE

6740 Broadview Road Parma, OH 44134 216.524.4816

www.stcolumbkilleschool.org

School Permission to Release Records

As the parent, or legal guardian, of _____,

Name of Child

whose date of birth is _____, I give the principal of:

Date of Birth

Name of current school: _____

Address of current school: _____

permission to release the following school records of my child to:

Name of new school: _____

Address of new school: _____

Place a check each of the records authorized to be released:

- Grades and Academic Records
- Psychological Assessments and Records
- Disciplinary Records
- Attendance Records
- Medical Records
- Testing Results and/or Evaluations

Parent/Legal Guardian Signature(s)

Date

Phone Number