



Authorization to Release School Records

Send or take this form to the school in which you are currently enrolled.

Date: _____

I hereby grant permission to:

Name of School

Address of School

To release the information requested below in the school records of:

Name of Student Current Grade

Parent/Legal Guardian Signature Relationship to Student

Address

Phone Number

Information Requested:

1. Official Transcript (final 6th and 7th grade, first semester of 8th grade)
2. Grades for your classes that are currently in progress
3. Curriculum guide for your current school
4. Standardized Test scores, Proficiency Test results, OGT results
5. Copies of IEP, SEGO, 504 Plans if applicable
6. Health Records

ALL MATERIALS SHOULD BE SENT TO:

Holy Name High School
Director of Admission
6000 Queens Highway, Parma Heights, OH 44130
rshurtleff@holynamehs.com
jkeleman@holynamehs.com
Fax: 440-886-1267