

**PERMISSION TO RELEASE SCHOOL RECORDS**

By my signature below, I as the parent or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

whose date of birth is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission to the principal of the following school, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to release the school records to **St. Sebastian Parish School.** Please send all records including: **grades, academic records, psychological assessments and records, disciplinary records attendance records, medical reports and testing results and/or evaluations.**

Please mail or fax records to:

St. Sebastian Parish School

 500 Mull Avenue

 Akron, OH 44320

 Phone-(330)836-9107

 Fax-(330)836-7690

**X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Parent/legal guardian

**X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Date