

ARCHDIOCESE OF CINCINNATI

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, legal guardian, or the student involved who is over 18 years of age, will expedite the transfer of records to another school for enrollment in that school.

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Date: \_\_\_\_\_

Name of school your child is currently attending: \_\_\_\_\_

I, \_\_\_\_\_ (Parent/Guardian/Adult Student) do hereby give my permission for pertinent school and medical records of:

Name	Grade
_____	_____
_____	_____
_____	_____

to be released to: **Our Lady of Grace Catholic School**  
**2940 W. Galbraith Road**  
**Cincinnati, Ohio 45239**  
**Fax: (513) 931-3707**

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 P.L. 93-380 and any amendments thereto).

\_\_\_\_\_  
(Parent/Guarding/Adult Pupil)

\_\_\_\_\_  
(Principal)

Copy: Student File