



ST. PAUL SCHOOL PARENTAL CONSENT FOR RECORD RELEASE

I, the legal parent/guardian or student of legal age, authorize to release the school records of

(Name of Student)

(Date of Birth)

FROM:

(Name of current school)

(Address of current school)

TO: Mike Brown, Principal
c/o St. Paul School
303 South Main Street
North Canton, Ohio 44720

(330) 494-0223 Office
(330) 494-3226 Fax

DATA TO BE RELEASED:

 X **School Permanent Record**

The school permanent record includes the following:

- Identifying data and family background information
- Grades and academic record of achievement levels
- Attendance data
- Standardized Test scores including ability and achievement batteries
- Health data
- Individual Education Plan (IEP) or Individual Service Plan (ISP) / Evaluation Team Report (ETR)

DATE: _____ **SIGNATURE:** _____

Check one: Parent

Legal guardian

Student of legal age

For office use only:

RECORD OF RELEASE

Date received: _____

Date released: _____

Date mailed: _____

By: _____

This request, when submitted, will become part of the permanent record.