

Saint Raphael School

525 Dover Center Road • Bay Village, Ohio 44140 • 440-871-6760 • www.saintraphaelparish.com

PERMISSION TO RELEASE SCHOOL RECORDS

By my signature below, I as a parent or legal guardian of _____
(Name of Student)

give permission to _____
(Name of School and Address)

to release the school records of _____
(Name of Student)

to Saint Raphael School.

AUTHORIZED INFORMATION TO BE RELEASED

- X Individualized Education Plan (IEP)
- X Grades and Academic Records
- X Psychological Assessments and Records
- X Disciplinary Records
- X Attendance Records
- X Medical Reports
- X Testing results and or/ Evaluations

Parent Signature

Date

THIS INFORMATION IS TO BE RELEASED TO:

MRS. ANN MILLER, PRINCIPAL
SAINT RAPHAEL SCHOOL
525 DOVER CENTER ROAD
BAY VILLAGE, OHIO 44140



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