



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.

Student Name: _____ Date of Birth: _____

Address _____
Street City State Zip

I, _____, the parent/guardian of _____
Parent Name Student Name

Request _____
School Name School Phone Number

School Address _____
City State Zip

Do hereby give my permission for all records, transcripts, speech and hearing, psychological testing, ISP's including student's health and immunization records to be released to:

St. Rita Catholic School
215 Erdiel Drive
Dayton, OH 45415
937-277-8978
937-277-8979 (fax)

By signing this request for transfer, I relieve the school, which the above name student was attending, of the responsibility of notifying me that the records are being transferred. This authorizes transfers of all school records in compliance with the Family Education Rights and Privacy Act of 1974 and ORC 3319.321.

Parent/Legal Guardian/Adult Pupil Signature

Principal or Director of Admissions Signature

Date