



Request for Release of Student Records

Date: _____ Name of student's current school: _____

Address of current school: _____

City, State, Zip code: _____

We hereby request all records to be sent to Gesu Catholic School regarding the following student(s):

(student's name)

(date of birth)

(student's name)

(date of birth)

_____ Official School Transcript

_____ Standardized Test Scores

_____ Medical/Immunization Records

_____ Psychological Records

I hereby grant permission for you to release all records for the above student(s) for the following purpose: Student Transfer

Records to be sent to: Gesu Catholic School
2450 Miramar Boulevard
University Heights, Ohio 44118

Parent/Guardian Signature