



ST. THOMAS AQUINAS HIGH SCHOOL AND MIDDLE SCHOOL

CONSENT FOR RECORDS RELEASE

Current School: _____

Address: _____

City/State/Zip: _____

I am the parent/legal guardian of _____ (student's name) who is in grade _____ and whose birth date is _____. I authorize the release of school records of the above student to St. Thomas Aquinas High School and Middle School.

Check all that is applicable –or- Specific date to be released:

- | | |
|--|---|
| <input type="checkbox"/> Attendance Records | <input type="checkbox"/> Current Grades |
| <input type="checkbox"/> Health & Immunization Records | <input type="checkbox"/> I.E.P, Multifactorial Evaluation, or
Evaluation Team Report |
| <input type="checkbox"/> Legal Custody Documentation | <input type="checkbox"/> Psychological Reports |
| <input type="checkbox"/> 9 th Grade Level Proficiency Results | <input type="checkbox"/> Transcript/Cumulative File |
| <input type="checkbox"/> Standardized Test Scores | <input type="checkbox"/> Social Security Card |
| <input type="checkbox"/> Birth Certificate | |

Signature: _____ Date: _____

Check: Parent Legal Guardian Student of Legal Age

Please send all records to:

St. Thomas Aquinas HS and MS
School Admissions
2121 Reno Drive NE
Louisville, OH 44641
Fax: 330-875-8469

OFFICE USE:

Request mailed by _____ (staff), on _____ (Date)

Records received by _____ (staff), on _____ (Date)

