



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<br>Evaluation Team Report |
| <input type="checkbox"/> Legal Custody Documentation                     | <input type="checkbox"/> Psychological Reports  |
| <input type="checkbox"/> 9 <sup>th</sup> 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

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**OFFICE USE:**

Request mailed by \_\_\_\_\_ (staff), on \_\_\_\_\_ (Date)

Records received by \_\_\_\_\_ (staff), on \_\_\_\_\_ (Date)

