



V. J. E!

Our Lady of Mount Carmel Parish School

1355 W. 70th Street ^ Cleveland, OH 44102-2019
Tel: 216.281.7146 ^ Fax: 216.281.7001 ^E-mail: ofmcprincipal7@gmail.com

"Where Faith Makes the Difference in Education"

AUTHORIZATION FOR RECORDS RELEASE

Student Name:

LAST FIRST MIDDLE

Birthdate: _____ **Current Grade Level:** _____

Name of Previous School: _____

Address of Previous School: _____

City State, Zip Code: _____ **Telephone No.** _____

I hereby authorize your organization, noted above, to furnish Our Lady of Mount Carmel Parish School with **report cards, court documents, official transcripts, test records, medical records, testing results and/or evaluations (IEP, IIP, multi-factored evaluations, etc.), psychological assessments, disciplinary records, and attendance records.** Please include my child's most recent subjects and grades. Ohio Revised Code, Section 3313.642, states that only grades and credits may be withheld for non-payment of fees and charges. All other records must be sent to the requesting school, particularly a cumulative record of proficiency tests. It is understood that this information will be used in a confidential and professional manner. Please send this information to the location designation below:

Mrs. Shelly Schenek, Principal
Our Lady of Mount Carmel Parish School
1355 West 70th Street
Cleveland, OH 44102
Phone: (216) 281-7146 Fax: (216) 281-7001

PARENT/GUARDIAN SIGNATURE

DATE

FOR OFFICE USE ONLY

Date 1st request was sent _____ 2nd request date sent _____

3rd request was sent _____ Final request date sent _____