

ST. HELEN SCHOOL
5086 Burkhardt Rd.
Dayton. OH 45431

REQUEST FOR RELEASE OR TRANSFER OF SCHOOL RECORDS

STUDENT'S NAME _____ DATE OF BIRTH _____ GRADE _____

A. SENDING SCHOOL, AGENCY, OR INDIVIDUAL RECEIVING SCHOOL, AGENCY, OR INDIVIDUAL

_____ ST. HELEN SCHOOL _____

_____ 5086 BURKHARDT RD _____

_____ RIVERSIDE, OH 45431 _____

B. I request the following school records to be released by (or obtained by)
St. Helen School for the purpose of: _____
MY initials below indicate permission of which records are to be released or obtained.

_____ Cumulative Record or Transcript Card (may contain but not necessarily limited to:
identifying data, family data, year in school, school progress report, standardized test scores.
attendance records, activities record and class standing: IEP: Psychological Report)

_____ Health Record

_____ Medical Authorization Form

_____ IEP, Psychological Report, Evaluation Team Report, CIMS information; any other pertinent
assessment reports if above-named student was placed in Special Education at the time of transfer.

_____ Other: (specify) _____

C. I understand that parents, legal guardians, or legal age students:

1) shall have an opportunity for a hearing to challenge the content of the student's school records, to insure that the records are not inaccurate, misleading or otherwise in violation of the privacy or other rights of students, and to provide an opportunity for the correction or deletion of any such inaccurate, misleading, or otherwise inappropriate data contained therein;

2) may request copies of the above school records. Once copies have been made available, St. Helen School can no longer be responsible for the strict confidentiality of the information in the records.

D. _____ Please initial if you have received copies of the above school records.

Date received copies of records: _____

Signature _____

Relationship to Student _____ Date _____