

AUTHORIZATION FOR TRANSFER OF SCHOOL RECORDS

I hereby give permission to (School) _____

(Address) _____

in the school district of _____

to release the school records and all standardized testing (including Ohio Proficiency Test results and any materials relating to handicap assessments), explanation of grading system, and health records of:

Student's Name: _____

Date of Birth: _____

Enrolling Grade: _____

To: St. Mark's Lutheran School
 5849 Buckwheat Road
 Milford, OH 45150

I understand that "school records," as this term is used on this form, refers to all documents defined by Public Law 93-380 and all amendments thereto.

I understand that my signature on this authorization relieves the personnel of the above-named school of the responsibility to notify me of the transfer of these school records to St. Mark's Lutheran School.

Signature of parent, legal guardian (or student if 18)

Date

Signature of School Official

Title

Date