



Our Lady of the Lake School  
175 East 200<sup>th</sup> Street  
Euclid, Ohio 44119  
phone 216-481-6824  
fax 216-481-9841

### PERMISSION TO RELEASE SCHOOL RECORDS

Please forward the scholastic records of the following student(s) to the school listed below.

Student \_\_\_\_\_ Grade \_\_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_\_\_

This authorizes the release of records from:	
School: _____	
Address: _____	City, State, Zip code: _____
FAX: _____	

Please send records to:	
School: <u>Our Lady of the Lake</u>	
Address: <u>175 East 200<sup>th</sup> Street Euclid, Ohio 44119</u>	
FAX: <u>216-481-9841</u>	

- Release the following records:
- Grades and academic records
  - Psychological assessments and records
  - Disciplinary records
  - Attendance records
  - Medical reports
  - Testing results and/or evaluations

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_