

# St. Rita School

## Parent Permission for Release of Student Records

*In compliance with Public Law 93-380, Section 438, Subsection b(1) and b(2), Protection of rights and Privacy of Students, schools may not divulge student records or personal information included in student records to a third party without the consent of the parent/guardian of a student under the age of 18.*

**To help us better meet the needs of your child, please  
fill out this form and return it with your application.  
Thank you for your assistance.**

I grant permission for the release of the following data regarding my child:

Academic Records  
Educational Evaluations  
Health Records  
Individualized Educational Plans or Service Plans  
Psychological Reports and /or other schooled related data

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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

School/Agency Requesting Information:

Release to: St. Rita School  
33200 Baldwin Road  
Solon, OH 44139  
(440) 248-1350 ext. 102  
(440) 528-3059 Fax  
Email – cwenzel@stritaschool.com

Release from: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_