

Office of Admission 1133 Clifton Hills Avenue Cincinnati, OH 45220 513.861.0600 Fax: 513.861.0900

## Class of 2024 Request for Records

	Date:	
De	ar Parent/Guardian,	
Ple	ease sign this consent and forward it to your son/daughter's current Guidance Counselor/Principal.	
۱h	I hereby grant permission for	
	(Name of Current School)	
to forward the following information contained in the school records of:		
(Name of Applicant)		
	Final 7th Grade Report Card	
	8th Grade Report Card to Date (first quarter grades required)	
	Standardized Test Scores from last three years	
	Student Disciplinary Records	
	Attendance Records from last three years	
	IEP Records/Service Plan records	
	Evaluation Team Report (ETR)	

□ Birth Certificate (copy)

(Signature of Parent/Guardian)