

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

Request for Records

Date: _____

Dear Parent/Guardian,

Please sign this consent and forward it to your son/daughter's current Guidance Counselor/Principal.

I hereby grant permission for _

(Name of Current School)

to forward the following information contained in the school records of:

(Name of Applicant)

□ Official, complete transcript from current high school, including all of 2019-20.

- □ Final Report Card from 8th Grade
- □ IEP Records / Service Plan Records
- Evaluation Team Report (ETR)
- □ Student Disciplinary Records
- Standardized Test Scores from the last three years
- Attendance Records
- □ Birth Certificate (copy)

(Signature of Parent/Guardian)