



Mr. Tony Ertel, Principal

Dr. Christel Murphy, Assistant Principal

Fr. Don Siciliano, Pastor

Release of Records Request

A separate form is needed for each child.

_____ has registered to enroll in our school in _____ grade for the _____ school year. We would appreciate receiving all cumulative records, test results, health records, behavioral records, and psychological reports.

Please forward to: Incoming Student Records
St. Bernard School
7115 Springdale Road
Cincinnati, OH 45247
Phone: 513-353-4224
Fax: 513-353-3958

Authorization to Release Information

I hereby grant permission to release all information regarding the above named student to St. Bernard School. Permission is also given for St. Bernard personnel to contact and receive information from personnel at my child's current school. My signature is your authority.

Signature

Date

Relationship to child

Home address

Name of school child currently attends

School address