



12580 Pearl Road • Strongsville, Ohio 44136 • (440) 238-4877

AUTHORIZATION TO RELEASE SCHOOL RECORDS

By my signature below, I, as parent or legal guardian of the child(ren) named below, give permission to the principal of Sts. Joseph and John School to receive/release the school records of said child(ren) from/to:

Nama of	School, Individual or Entity	
Name of L	School, Individual of Entity	
Street Add	ldress	
City, State	te, Zip Code	
LACE A CHECK : ELEASED:	BEFORE THE RECORDS AUTHORIZED TO BE	
Attendanc Medical re	ecords esults and/or evaluations	
	Parent or Legal Guardian Signature	Date
	Parent or Legal Guardian Signature Address	Date