

***St. Christopher
Catholic School***

**ARCHDIOCESE OF CINCINNATI
REQUEST FOR RELEASE OR TRANSFER OF SCHOOL RECORDS**

This form is provided for the purpose of obtaining or releasing a student's records. By signing this release, a parent, legal guardian, or the student involved who is over 18 years of age, will expedite the transfer of records to another school for enrollment in that school.

Student's Name _____

DOB: _____ Grade _____

I hereby authorize: _____
(Name of school last attended)

(Address of school last attended, City/State/Zip)

(Phone number)

To release to: **St. Christopher School
405 East National Road
Vandalia, Ohio 45377**

By signing this request for transfer, I relieve the school, which the above named student was attending, of the responsibility of notifying me that the records are being transferred. This authorizes transfer of all school records (as defined by P.L. 93-380 and any amendments thereto).

(Signature of parent/guardian)

(Date)

(Principal)