



REQUEST FOR COPY OF STUDENT RECORDS

St. James School is requesting a copy of the following student's records for consideration for enrollment. Please email a copy of the records to infosjs@stjameswo.org or fax to 513-741-5312. Thank you.

Student's Name _____ Date of Birth _____

Name of Current School _____

Address of Current School _____

City, State & Zip of Current School _____

Phone # of Current School _____

Fax # of Current School _____

As the parent/guardian, my signature authorizes the release of student records to the school named above. The material provided is to be used for educational placement and will be maintained with all due safeguards as provided by the laws of "Rights and Privacy", and will become part of the individual's education file subject to review by parents and other persons authorized under the law.

The following information, as marked, is requested:

- Permanent Record Card Attendance Reports Discipline Records
- Current Year Report Card Health Records ETR (if applicable)
- Court Records Psychological Records SSID Testing Number
- IEP/ISP/Accommodation Plan/504 (if applicable)
- Standardized Test Scores including IOWA's, CoGats, and any state testing

Parent Name: _____

Parent Signature: _____

Date: _____