



## PERMISSION TO RELEASE SCHOOL RECORDS

By my (our) signature(s) below, I (we) as parent(s) or legal guardian(s) of

\_\_\_\_\_ whose date of birth is \_\_\_\_\_  
(Name of Student) (Date of Birth)

give permission to the principal of \_\_\_\_\_  
(Name of School)

to release the school records of \_\_\_\_\_  
(Name of Student)

to: St. Mary School, 237 Fourth Street, Elyria, OH 44035 Phone: (440) 322-2808 Fax: (440) 322-1423,

Email: [mpoling@smselyria.org](mailto:mpoling@smselyria.org) OR to: \_\_\_\_\_  
(Individual or Entity)

PLACE A CHECK BEFORE THE RECORDS THAT ARE AUTHORIZED TO BE RELEASED:

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Grades and Academic Records

☐

Psychological Assessments and Records

☐

Disciplinary Records

☐

Attendance Records

☐

Medical Reports

☐

Testing Results and/or Evaluations

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Guardian

\_\_\_\_\_  
Date

## Office of Catholic Education - Diocese of Cleveland - Permanent Record Card



Date Entered:					
School Name:		Student Full Name:		Student ID#:	
School City:		Student Birthdate:		Birthplace (City, St., Country)	
				Gender:	
				Class of:	

Student Residential Address	City	County	Zip	Phone	Student Parish/City	Language Spoken at Home

Name of School Student Entered From	School City	School State	Type of School	Entering Grade
			<input type="checkbox"/> Parochial <input type="checkbox"/> Public <input type="checkbox"/> Home School <input type="checkbox"/> Other _____	

Existing Educational Support	Public School District of Residence	Name of Public School in Student Area	Miles to School
<input type="checkbox"/> IEP <input type="checkbox"/> Accommodation Plan			

Ethnicity							
<input type="checkbox"/> Native American	<input type="checkbox"/> Asian	<input type="checkbox"/> African American/Black	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native Hawaiian/Pacific Islands	<input type="checkbox"/> White	<input type="checkbox"/> Two or More Races	<input type="checkbox"/> Unknown/Other
<input type="checkbox"/> Do Not Wish to Disclose							

Sacraments	Date	Church, City, State
Baptism		
First Communion		
Confirmation		

Student Lives With	Last Name	First Name	Email Address	Occupation	Employer	Best Contact Number
<input type="checkbox"/> Natural Mother						
<input type="checkbox"/> Natural Father						
<input type="checkbox"/> Custodial M						
<input type="checkbox"/> Custodial F						
<input type="checkbox"/> Legal Guardian/Other						
<input type="checkbox"/> Parenting Plan/Custody Plan - Copy of plan needs to be provided to the school						

Parents/Custodial Parents	Religion	Parent Status
<input type="checkbox"/> Natural Mother		<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Remarried <input type="checkbox"/> Widowed <input type="checkbox"/> Deceased
<input type="checkbox"/> Natural Father		<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Remarried <input type="checkbox"/> Widowed <input type="checkbox"/> Deceased
<input type="checkbox"/> Custodial M		<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Remarried <input type="checkbox"/> Widowed <input type="checkbox"/> Deceased
<input type="checkbox"/> Custodial F		<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Remarried <input type="checkbox"/> Widowed <input type="checkbox"/> Deceased
<input type="checkbox"/> Legal Guardian/Other		<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Remarried <input type="checkbox"/> Widowed <input type="checkbox"/> Deceased

Other Children in the Household/List Names & Birthdates				
1.	2.	3.	4.	5.



