



# COMMUNION *of* SAINTS SCHOOL

FOSTERING FAITH, SERVICE AND SCHOLARSHIP

2160 Stillman Road | Cleveland Heights | Ohio | 44118 | 216.932.4177 | [www.communionofsaintsschool.org](http://www.communionofsaintsschool.org)

## REQUEST FOR RECORDS

By my (our) signature below, I (we), as parent(s)/legal guardians of \_\_\_\_\_  
(Name of Student)

whose date of birth is \_\_\_\_\_ give permission to the principal of:  
(Date of birth)

School: \_\_\_\_\_

City/State: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

to release a copy of the following records for the above named student to  
Communion of Saints School.

Place a check before the records authorized to be released:

\_\_\_\_ grades and academic records

\_\_\_\_ psychological assessments and records

\_\_\_\_ disciplinary records

\_\_\_\_ attendance records

\_\_\_\_ medical records

\_\_\_\_ testing results and/or evaluations

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_  
Date

Please mail or fax records to: Communion of Saints School  
2160 Stillman Road  
Cleveland Heights, Ohio 44118  
Fax: 216-932-7439



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