



St. Susanna Parish School
500 Reading Road, Mason, OH 45040
Telephone: (513) 398-3821 ext. 3108 Fax: (513) 398-1657
admissions@stsusanna.org

Archdiocese of Cincinnati
AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

I, _____ (Parent/Guardian/Adult Student) do authorize St. Susanna Parish School to release the records checked below of:

Student Name	Grade	Date of birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

To be released TO:
St. Susanna Parish School

To be released FROM:
School: _____

500 Reading Rd

Address: _____

Mason OH, 45040

Fax/Email: _____

RECORDS TO BE RELEASED ☐ ALL RECORDS* **OR** ☐ ONLY items checked below

☐ Academic ☐ Attendance ☐ Suspension/Expulsion

☐ Special Education ☐ Health/Immunization/Medical/Nursing

☐ Behavioral ☐ Psychological Testing ☐ other _____

By signing this authorization, I relieve the school, which the above named student was attending, of the responsibility of notifying me the records are being transferred. I also authorize the school, which the above-named student was attending, to discuss matters pertaining to the student with representatives of the school to which the records are being transferred.

Signature: Parent/Legal Guardian/Adult Student

Date

Print Name

*"ALL RECORDS" means: Academic records (Transcript/Report Cards/Permanent Record Card/Standardized Test and Proficiency Scores/Birth Certificate), Attendance Records, Suspension and Expulsion Records, Special Education Records, Behavioral Records (behavioral plans), Psychological Testing/Records, and Health/Immunization/Medical and Nursing Records.