



ARCHBISHOP  
**MCNICHOLAS**  
THAT YOUTH MAY ATTAIN FULL STATURE IN CHRIST

### Request for Release or Transfer of Records

Please check one:

- Student transferring to McNicholas High School
- Student wishing to withdraw from McNicholas High School

This form is provided for the purpose of obtaining (for transfer students) or releasing (those wishing to withdraw) 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 for enrollment in that school.

Current School Name \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_ (parent/guardian/adult student) do hereby give my permission for pertinent school records of:

Name: \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

To be released to: \_\_\_\_\_

Please include the following records:

- Transcript of courses taken/grades received
- Attendance records
- Health Records
- National test scores
- Any special placement and reports
- Interpretation of your grading scale (numerical to letter grade)
- Any Ohio Graduation Test Results
- Any other information which may assist in guidance and proper placement
- Grades to date for those students enrolling mid-grading period
- Psychological or emotional evaluation records if applicable
- Copy of IEP, ISP or 504 if applicable

By signing this request, 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).

\_\_\_\_\_  
Parent/Guardian/Adult Student