



**St. Albert the Great School**

104 W. Dorothy Lane

Kettering, OH 45429

Phone: 937-293-9452 Fax: 937-293-7525

**Request for Release of School Records**

It is requested that an official copy of the school records of the listed student be released or transferred to St. Albert the Great School as soon as possible.

Requested Documents Include: Cumulative Grade Records  
Medical Records  
Standardized Test Scores  
Current IEP and 504

Student Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

**Sending School**

Name \_\_\_\_\_

Address \_\_\_\_\_

**Receiving School**

St. Albert the Great School

104 W. Dorothy Lane

Kettering, OH 45429

Email: [dwalters@stag-school.org](mailto:dwalters@stag-school.org)

I hereby authorize the transfer of all school records as defined by PL-93-380 and any amendments thereto for the above named student. By signing this request for transfer, I relieve the school which the above named student was attending of the responsibility of notifying me that the records are being transferred.

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

\_\_\_\_\_  
Signature of School Personnel

\_\_\_\_\_  
Address of Parent/Guardian

\_\_\_\_\_  
Date