



# ST. VINCENT FERRER SCHOOL

7754 Montgomery Road  
Cincinnati, Ohio 45236  
(513) 791-6320

ARCHDIOCESE OF CINCINNATI

## REQUEST FOR RELEASE OR TRANSFER OF SCHOOL RECORDS

This form is provided for the purpose of obtaining or releasing a student's records. By signing this release, a parent or legal guardian, will expedite the transfer of records to another school for enrollment in that school.

Former School Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

I, \_\_\_\_\_ (Parent/Guardian) do hereby give

permission for the pertinent school records of

\_\_\_\_\_ (Student's Name)

To be released to St. Vincent Ferrer School. 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. This authorizes transfer of all school records (as defined by PL 93-380 and any amendments thereto). **I give permission for my child's teacher/former teacher to speak with faculty/staff of St. Vincent Ferrer School.** I understand that St. Vincent Ferrer School faculty/staff will keep any information shared about my child confidential.

\_\_\_\_\_  
Parent Signature \_\_\_\_\_ Date

\_\_\_\_\_  
Signature – Principal of Former School \_\_\_\_\_ Date

**Mail, Fax or Email records to the attention of: Cindy Dunaway / School Secretary**  
[Dunaway\\_c@svf-school.org](mailto:Dunaway_c@svf-school.org)  
Fax (513)791-3332

