

ATTENTION PARENTS: THIS FORM IS TO BE **SUBMITTED**  
**TO YOUR SON'S GRADE SCHOOL** (not St. Xavier H.S.)

This form gives final permission for the grade school to release your son's **final**  
**transcript/records**(only) *at the END of the school year.*

To: \_\_\_\_\_  
(Name of your son's GRADE SCHOOL)

As Parent and/or Guardian of:

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

Date of Birth \_\_\_\_\_

Grade in school: 8TH

### **TO THE GRADE SCHOOL:**

THIS STUDENT IS REGISTERED IN THE CLASS OF 2024 AT ST. XAVIER HIGH SCHOOL.

IF YOU HAVE ALREADY TAKEN CARE OF THIS, PLEASE DISREGARD THE REQUEST.

I HEREBY AUTHORIZE YOU TO RELEASE ALL RECORDS, PSYCHOLOGICAL EVALUATIONS,  
APTITUDE OR ACADEMIC TESTING, AS WELL AS INTELLIGENCE TESTS, AND HEALTH  
RECORDS TO:

OFFICE OF ENROLLMENT ST. XAVIER HIGH  
SCHOOL 600 W. NORTH BEND RD.  
CINCINNATI, OHIO 45224

Date: \_\_\_\_\_

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

Address: \_\_\_\_\_