



Release of Records Authorization Form

Student Name: _____

Student DOB: _____

Current School: _____

Current Grade: _____

I authorize that the following records for my son may be sent to St. Xavier High School. The following list of records requested cannot be removed or altered in any way. I also authorize the release of final records to the school of choice, as indicated by the parent, at the conclusion of the school year.

1. Report Cards for the past two years and current report card.
2. Birth Certificate
3. Attendance Records (if not included on report cards)
4. Discipline Records (if applicable)
5. Standardized Test Scores/Proficiency Test Scores (if applicable)
6. Evaluation Team Report (ETR) (if applicable)
7. Any IEP/SP, 504 Plan or School Accommodation Plan (if applicable)

Parent/Guardian Name: _____

Parent/Guardian Email: _____

Parent/Guardian Phone: _____

Parent/Guardian Signature: _____

Please send all records to admissions@stxavier.org

or mail to:

Office of Enrollment
St. Xavier High School
600 W. North Bend Rd.
Cincinnati, OH 45224