

Tuscarawas Central Catholic Elementary School  
**AUTHORIZATION TO RELEASE OR TRANSFER STUDENT RECORDS**

I hereby authorize the following school:

\_\_\_\_\_   
School

\_\_\_\_\_   
Address

\_\_\_\_\_   
Phone Number

To release the school records of:

Student's Name: \_\_\_\_\_

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

Specific records to be released:

All personally identifiable data on file including: IEP/Service Plans, academic records, attendance records, health records, birth certificate, legal papers, and all psychological testing information.

The following records only: \_\_\_\_\_

Reason for request:

Student transferring to Tuscarawas Central Catholic Elementary School

Other: \_\_\_\_\_

Records are to be released to:  
Tuscarawas Central Catholic Elementary School  
600 N. Tuscarawas Ave.  
Dover, OH 44622  
Phone: 330-343-9134  
Fax: 330-364-6509

Parent/Guardian Name (please print): \_\_\_\_\_

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

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