St. Francis Xavier School

612 East Washington St.Medina, Ohio 44256330 - 725 - 3345 | FAX 330 - 721 - 8626



PARENT CONSENT FORM FOR TRANSFER OF RECORDS ______, authorize St. Francis Xavier School to release the following records of my child. **First Name** Initial **Last Name** Academic Records Health and Medical Records Service Plans and Multi-Factored Evaluations **Psychological Reports** The records checked above should be transferred to the following school: **School Name Address** Signature of Parent/Legal Guardian **Date**

Phone

Address