

**St. Francis Xavier School**  
612 East Washington St.  
Medina, Ohio 44256  
330 - 725 - 3345 | FAX 330 - 721 - 8626



**PARENT CONSENT FORM FOR RELEASE OF RECORDS for NEW ST. FRANCIS XAVIER STUDENT**

I, \_\_\_\_\_, authorize

**School Name**

**Address**

to release the following records of my child.

**First Name**

**Initial**

**Last Name**

<input type="checkbox"/>	Academic Records
<input type="checkbox"/>	Health and Medical Records
<input type="checkbox"/>	Service Plans and Multi-Factored Evaluations
<input type="checkbox"/>	Psychological Reports

**The records checked above should be transferred to:**

St. Francis Xavier School  
612 East Washington St.  
Medina, Ohio 44256

**Signature of Parent/legal guardian**

**Date**

**Address**

**Telephone**

**PLEASE RETURN THIS FORM TO OUR SCHOOL OFFICE**  
Mrs. Dreama Kellner | [dkellner@sfxmedina.org](mailto:dkellner@sfxmedina.org) | 330-725-3345