

**MOUNT NOTRE DAME HIGH SCHOOL**  
**711 East Columbia Avenue**  
**Reading, Ohio 45215**  
**(513) 821-3044**

**REQUEST FOR RELEASE OF COPY OF SCHOOL RECORDS**

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

My signature provides authorization to:

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

**To release a copy of all pertinent records and information concerning my child to:**

**RELEASE TO PARENT OR**  
**FAX DIRECTLY TO MND (513-821-6068)**  
**Attention: ADMISSIONS OFFICE**

**Specific information requested: All academic records, health and attendance records, standardized test scores, psychological testing and IEP/Service Plan, if any. I understand that this information may be shared with the student's teachers.**

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

\_\_\_\_\_  
Date