



REQUEST FOR RELEASE OF SCHOOL RECORDS

Please complete this form and send it to the Registrar at your child's former school.

Name of student: _____ has been admitted to grade _____ at The Seven Hills Lotspeich School for the 2018-2019 school year.

I/we hereby authorize the release of all school records requested by The Seven Hills School. I understand that any records requested are a confidential exchange between the person giving information and The Seven Hills School.

Signature of Parent/Guardian

Date

To the School Registrar: Please send the information listed below by June 15th.

- Final grade report with an explanation of your marking system
- Standardized test scores, progress reports and report cards
- Medical Records
- Any other evaluations that would be helpful

REQUESTED MATERIAL SHOULD BE MAILED TO:

**THE SEVEN HILLS LOTSPEICH SCHOOL
5400 RED BANK ROAD
CINCINNATI, OH 45227**