

MARIEMONT CITY SCHOOLS
6743 CHESTNUT STREET
CINCINNATI, OH 45227

PERMISSION TO RELEASE SCHOOL RECORDS

1. I give permission to the Mariemont City School District to place SAT scores, SAT Subject Test scores, and ACT scores on the high school transcript

Yes, I give permission _____ **No, I do not give permission** _____

2. I give permission to the Mariemont City School District to release the following school records upon request (please check those to be released):

_____ high school courses, grades, credits, GPA, class rank (transcript)

_____ ACT scores, SAT scores, SAT Subject Test scores

_____ other: special education documents, health records, birth certificate, custody information.

3. I request that the above records be released:

_____ to all schools, persons, or agencies that I request verbally or in writing during high school years and years following graduation

Name of student _____

Birthdate: _____ Social Security Number (optional): _____

Signature of parent, legal guardian, or
student (if over 18 years of age)

Date