

Request for Release or Transfer of School Records,
Health Records, and/or Confidential Information

Applicant Parent to Complete

It is requested that information regarding

Name: _____ Birthdate: _____

School Last Attended: _____ Grade: _____

be released and transferred to:

The Agnon School
Attn: Admission Office
26500 Shaker Boulevard
Beachwood, Ohio 44122

I acknowledge notification of this transfer of records as required by the Family Educational Rights and Privacy Act of 1974 and understand that I have the right to receive a copy, if requested. I understand that the information transferred will be treated in a confidential manner and will not be transmitted to a third party without my consent.

I give permission for Agnon to contact the education professionals at the student's current or former school for further information if necessary.

Signature of Parent or Legal Guardian: _____

Address: _____

Day Phone: _____