



Al Ihsan School of Excellence

RELEASE OF STUDENT RECORDS

Please accept this document as formal approval for the release of all official records (including the records of transcripts, testing information, special education, health and immunization records and birth certificate).

STUDENT NAME

DATE OF BIRTH _____ SOCIAL SECURITY # _____

ADDRESS: _____ APT # _____

CITY _____ STATE _____ COUNTY _____

ZIP _____

NAME OF PRIOR SCHOOL _____

SCHOOL ADDRESS _____

CITY _____ STATE _____ ZIP _____

SCHOOL PHONE _____ SCHOOL FAX _____

NAME OF PARENT OR LEGAL GUARDIAN _____

PARENT/GUARDIAN'S SIGNATURE _____

PLEASE SEND ALL RECORDS TO:

Parma	Plaza	Cleveland
6055 w.130th Street	6055 W.130th Street	4600 Rocky River Drive
Parma, Ohio 44030	OR Parma, Ohio 44030	OR Cleveland, Oh 44135