



Birchwood School

Potential is a Gift
Excellence is a Habit

Request for Release and Transfer of School Records

It is requested that an official copy of the school records be mailed for:

Name of student _____

Date of Birth _____ Grade level _____

School last attended _____

Address of school _____

City, state, zip code _____

Send records to the attention of: Registrar
Birchwood School
4400 West 140th Street
Cleveland, OH 44135

Date

Signature of parent or legal guardian

School records requested

___ Academic reports

___ Immunization and health records

___ Standardized test scores

___ Psychological test results

___ Withdrawal date and attendance

___ Grades to date of withdrawal