

Release of Student Records

Date: ____/____/____

Name and Address of Previous School:

Phone #: _____

Fax #: _____

The following student has applied for admission to _____.

Student's Name

Date of Birth

Grade

Please forward the following information to my attention at the above address as soon as possible so that appropriate educational placement may be made.

Academic Transcripts
Standardized Test Scores
Current Year Grades to Date
Attendance Information
Physical Examination Forms
Health and Immunization Records
Physical Fitness Test Records
Psychological/Education Evaluations

Sociological Information
IEP/504 Plan
Child Study Referrals
Speech and Language Evaluations
Vision Screening Reports
Special School/Center Information
Discipline Record
Custody Information/Court Decisions
Screening and Eligibility Minutes

Thank you for your cooperation.

Sincerely,

Sr. Lisa Lorenz,
Principal

I give my permission to have the above records forwarded to St. William of York Catholic School.

Signature of Parent/Guardian

Date

January 2006