



Release of Student Records

Appendix Z-1

Dear Principal,

Please release the student records for _____
Student's Full Name *Date of Birth*

who attended _____ School located at:
Name of School Providing Records

Address of School Providing Records *State* *Zip Code*

from _____, 20____ to _____, 20____.
Date of Enrollment *Date of Withdrawal*

Phone number of school _____ Fax of school _____

This student has applied for admission to **St. William of York Catholic School.**
Name of School Requesting Records

Required Student Records

- | | |
|---------------------------------------|-------------------------------------|
| Academic Transcripts* | Sociological Information |
| Standardized Test Scores* | IEP/504 Plan |
| Current Year Grades to Date* | Child Study Referrals |
| Attendance Information* | Speech and Language Evaluations |
| Physical Examination | Vision Screening Reports |
| Health and Immunization Records | Special School/Center Information |
| Physical Fitness Test Records | Discipline Record |
| Psychological/Educational Evaluations | Screening and Eligibility Minutes |
| | Custody Information/Court Decisions |

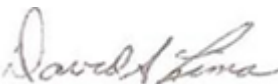
**Note: in accordance with FERPA (Family Educational Rights and Privacy Act), records marked with an asterisk do not require parent signature for release.*

These items can be sent to my attention at:

3130 Jefferson Davis Highway Stafford, Virginia 22554
Address of School Requesting Records *State* *Zip Code*

Please send the items above as soon as possible so that appropriate educational placement can be made. Thank you for your cooperation.

Sincerely,

David A Lima 
Signature of Principal Requesting Records _____ *Date* _____

I give permission to release the above records for my student to the requesting Principal above.

Signature of Parent/Guardian _____ *Date* _____