

STUDENT RECORDS RELEASE FORM



ST. ANTHONY
— DE PADUA —
CATHOLIC SCHOOL

2310 E. Jefferson Blvd.
South Bend, IN 46615
574-233-7169
FAX: 574-233-7290

Permission for Release of Student Records

Name of school previously attended: _____

Address of School: _____

I hereby give my permission to release the following educational records of:

Student Name: _____

Student Address: _____

Grade: _____ Date of Birth: _____

Please release the following:

- All grades to current date
- Health/Immunization Records
- Achievement and standardized test scores – and other guidance records
- Individual Education Plan (IEP) - including those for communication disorders
- Social work reports / psychiatric evaluations
- ESL documentation / Home Language Survey

I authorize the release of the above information to St. Anthony School.

Date

Signature of Parent / Guardian

School Use Only Fax Transmittal Attention: Guidance / Records Department	
To:	_____
Fax:	_____
From:	Kimberly DeBoe, School Secretary
First Request:	_____
Second Request:	_____