

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
- Behavior/Discipline Report – Official Report or letter stating “no disciplinary reports on file.”

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:	_____