

*Sts. Philip and James School  
359 Clinton Avenue  
St. James, NY 11780*

*Telephone: (631) 584-7896*

*Fax: (631) 584-3258*

\_\_\_\_\_  
Date

To Whom It May Concern:

The following child is registered in Sts. Philip and James School:

\_\_\_\_\_  
Beginning Date

\_\_\_\_\_  
Name of student

\_\_\_\_\_  
Grade Registered

Please forward the following information as soon as possible:

- Recent report card
- Standardized test results
- Scholastic records
- Medical records
- Psychological testing and/or screening results
- Special services student is receiving
- Power School Records**

Any other pertinent data which might be considered helpful in working with this student would also be appreciated.

Thank you for your cooperation.

Sincerely,

Diane Anderson  
Principal

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**Parent's Authorization to Release Information**

I hereby request and authorize the above mentioned records and any pertinent information available be released to Ms. Diane Anderson, Principal at the above address.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

Name and address of student's current school:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_