

Saint Pius X Catholic School

52553 Fir Road • Granger, IN 46530 • 574-272-4935 (phone) • 574-855-5400 (fax) • www.stpiuscatholicsschool.net

AUTHORIZATION FOR RELEASE OF INFORMATION

Today's Date: _____ Student's Name: _____

Date of Birth: _____ Current Grade: _____

I authorize the following agency to release all records concerning the student named above to Saint Pius X Catholic School:

Agency Holding Records: _____

Street Address: _____

City, State, Zip: _____

Phone and/or Fax: _____

Items requested for release include:

Home Language Survey

Academic records such as grades and standardized test scores

Medical records

Individual Education Plan (including those for communication disorders)

Psychological reports and Psychiatric evaluations

Social Work reports

Diagnosis or treatment of alcoholism and/or drug abuse

Teacher and/or counselor observations, ratings, and recommendations

Family background data

Verbal/written communications

Any and all other records

If Grade 6-8, please indicate current level of Math _____

If Grade 6-8, please indicate years of Spanish _____

Parent Signature: _____

The purpose of this release is for new enrollment and should be sent to the attention of:

Shirley Koloszar (skoloszar@stpius.net)

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*According to the Final Regulations – Family Educational Rights and Privacy Act (Buckley Amendment) dated June 17, 1976, it is no longer necessary to obtain written consent to release records between schools. It states that school officials in school systems in which the student may intend to enroll may receive a student's record without a written consent for such release.