



REQUEST AND RELEASE FOR RECORDS

Date: _____

Student Name: _____
Date of Birth: _____ Grade: _____

Student Name: _____
Date of Birth: _____ Grade: _____

Please send the following information regarding:

- * Health and Immunization Records
- * Grades and written teacher comments
- * Math and Writing Portfolios
- * Sacramental information (if applicable)
- * Achievement and aptitude test results
- * Educational/Psychological Reports
- * Special needs accommodations
- * Attendance and disciplinary records
- * Grade to date at time of withdrawal

Thank you, in advance, for your prompt attention to the above request.

Michele Stubblefield
School Secretary

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Permission for release of records:

_____ has my permission to release the records of my
(Name of School)
child/children, named above to St. Leonard Parish School.

(Parent/Guardian Signature)

(Date)