



Release of Student Records

Dear Principal,

Please release the student records for _____
Student's Full Name Date of Birth

who attended _____ School located at:
Name of School Providing Records

Address of School Providing Records State Zip Code

from _____, 20____ to _____, 20____.
Date of Enrollment Date of Withdrawal

Phone number of school _____ Fax of school _____

This student has applied for admission to _____ Saint Ambrose School.
Name of School Requesting Records

Required Student Records

- Academic Transcripts* Sociological Information
Standardized Test Scores* IEP/504 Plan
Current Year Grades to Date* Child Study Referrals
Attendance Information* Speech and Language Evaluations
Physical Examination Vision Screening Reports
Health and Immunization Records Special School/Center Information
Physical Fitness Test Records Discipline Record
Psychological/Educational Evaluations Screening and Eligibility Minutes
Custody Information/Court Decisions

*Note: in accordance with FERPA (Family Educational Rights and Privacy Act), records marked with an asterisk do not require parent signature for release.

These items can be sent to my attention at:

3827 Woodburn Rd., Annandale VA 22003
Address of School Requesting Records State Zip Code

Please send the items above as soon as possible so that appropriate educational placement can be made. Thank you for your cooperation.

Sincerely,

[Handwritten Signature]
Signature of Principal Requesting Records

I give permission to release the above records for my student to the requesting Principal above.

Signature of Parent/Guardian Date