



# Release of Student Records

Appendix Z-1

Dear Principal,

Please release the student records for \_\_\_\_\_ , \_\_\_\_\_

who attended \_\_\_\_\_ School located at:

\_\_\_\_\_ from \_\_\_\_\_, 20\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_\_.

This student has applied for admission to St. John the Evangelist School School.

### **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:

111 John E. Mann Street, Warrenton, VA 20186

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

Sincerely,

\_\_\_\_\_  
*Signature of Principal Requesting Records* \_\_\_\_\_  
*Date*

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

\_\_\_\_\_  
*Signature of Parent/Guardian* \_\_\_\_\_  
*Date*