

Release of Student Records

Policy 703 - Appendix Z-1

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

_____ State Zip Code
Address of School Providing Records

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 Rita Catholic School.

Name of School Requesting Records

Required Student Records

Academic Transcripts*
Standardized Test Scores*
Current Year Grades to Date*
Attendance Information*
Physical Examination
Health and Immunization Records
Physical Fitness Test Records
Psychological/Educational Evaluations

Sociological Information
IEP/504 Plan
Child Study Referrals
Speech and Language Evaluations
Vision Screening Reports
Special School/Center Information
Discipline Record
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 our Admissions Director, Monica Ciatti:

3801 Russell Road Alexandria, VA 22305 OR mciatti@saintrita-school.org

_____ State Zip Code
Address of School Requesting Records

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

Sincerely,

_____ *Malin Buschner*
Signature of Principal Requesting Records

_____ *Oct. 3, 2026*
Date

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

Signature of Parent/Guardian

Date