



Release of Student Records

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

Address of School Providing Records State Zip Code

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

Phone number of school: 703-548-1888

This student has applied for admission to Saint Rita 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 my attention at:

Mrs. Melissa Manaker, Principal
Saint Rita School
3801 Russell Rd
Alexandria, VA 22305
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,

Handwritten signature of Mrs. Melissa Manaker
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