

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

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 _____ 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: Saint Rita School
3801 Russell Road Alexandria, VA 22305
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,

Malia C Buscherus July 15, 2024
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*