



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 _____ Fax of school _____

This student has applied for admission to: Saint Rita Catholic 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: admissions@saintrita-school.org or mailed to:

3801 Russell Rd, 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,

Berhanu Atsum

Signature of Principal Requesting Records

11/18/21

Date

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

Signature of Parent/Guardian

Date