

Blessed Sacrament Grade School
1417 W. Braddock Rd.
Alexandria, VA 22302 PHONE: 703.998.4170 FAX: 703.998.5033

Release of Student Records

Date: ___/___/___

Name and Address of Previous School:

Phone#: _____
Fax #: _____

The following student has applied for admission to _____ School.

Child's Name

Date of Birth

Grade

Please forward (fax is allowed) the following information to my attention at the above address as soon as possible so that appropriate educational placement may be made.

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
Custody Information/Court Decisions

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
Student Information Form completed by current teacher (attached)

Thank you for your cooperation.

Sincerely,

Valerie Garcia
Principal

Note: in accordance with FERPA (Family Educational Rights and Privacy Act), records marked with an asterisk do not require parent signature for release.

I give permission to have the above records forwarded to the principal's attention at the above address.

Signature of Parent/Guardian

Date