



## Release of Student Records

Phone: 703.998.4170      FAX: 703.998.5033

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name and Address of Previous School

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone # \_\_\_\_\_  
 FAX # \_\_\_\_\_

The following student has applied for admission to Blessed Sacrament School.

_____	____/____/____	_____
Student'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 the appropriate educational placement may be made.

- |                                       |   |
|---------------------------------------|---|
| 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 Results         | Discipline Record                                       |
| Psychological/Educational Evaluations | Screening and Eligibility Minutes                       |
| Custody Information/Court Decisions   | Student Information Form (Completed by current teacher) |

Thank you for your cooperation.

Sincerely,

Kate Chelak  
 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