



For students going into 1st
through 8th grade only.

PARENTAL REQUEST FOR RELEASE OF RECORDS

Name of Student _____

I hereby authorize _____
Name of School transferring from

Address _____

City _____ State _____ Zip _____

to release the following records:

Progress Report Card Grades	Health Records
Attendance Records	Reading Evaluation
Standardized Test Scores	Speech Evaluation
Psychological Tests	Personality Evaluation

These records should be sent to:

St. Alphonsus School
6000 W. Loomis Road
Greendale, WI 53129

Parent Signature _____ Date _____

INCOMING STUDENT

In compliance with the Final Regulations - Family Educational Rights and Privacy Act, dated June 17, 1976, which states that it is no longer necessary to obtain written consent to release records between schools or school systems.

1/8/07