



**Saint James Catholic School**  
*Excellence in Catholic Education For More Than A Century*

830 West Broad Street  
 Falls Church, VA 22046  
 TEL: (703) 533-1182  
 FAX: (703) 532-8316

*Blue Ribbon School of Excellence*

**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 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

- Sociological Information
- IEP/504 Plan
- Child Study Referrals
- Speech and Language Evaluations
- Vision Screening Reports
- Discipline Record
- Special School/Center Information
- Custody Information/Court Decisions

Thank you for your cooperation.

Sincerely,

*Melissa M. Marek*

Interim Principal

**NOTE: in accordance with FERPA (Family Educational Rights and Privacy Act), records marked with an asterisk do not require 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