



AUTHORIZATION FOR RELEASE OF INFORMATION

Student's Name: _____
First Middle Last

Age: _____ Birthday: _____/_____/_____ Gender: _____

Grade student is entering at St. Vincent de Paul School: _____

Records are requested from:

Name of Previous School/Early Childhood Screening: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Phone: _____ Fax: _____

Please include:

- ✓ Transcript or cumulative data:
 - date of birth, name of parents/guardians, address, dates of attendance, days absent, courses taken, grades obtained, rank in class, over-all grade average, grades at the time of withdrawal and standardized test scores
- ✓ Health records, including immunization records and athletic physicals
- ✓ Extra-Curricular Activities
- ✓ Teacher/Counselor conference and progress information
- ✓ Special education records, including current IEP, assessment reports, and verification of handicap
- ✓ Discipline records
- ✓ Psychological reports

Records request is authorized by:

 Signature of Parent or Guardian of Minor Student

 Date

Please forward these records to:

St. Vincent de Paul School
 9050 93rd Avenue North
 Brooklyn Park, MN 55445

Records are requested by:

Kathleen O'Hara, Principal
 St. Vincent de Paul School
 763-425-3970