

Request to Release Student Records

I/We hereby request cumulative academic and health records for my child be sent to St. Frances Cabrini Academy. I/We certify that as parent/legal guardian(s) of this student, I/we have the legal right to authorize this release of information.

I/We give permission to St. Frances Cabrini Academy to contact schools and other institutions to obtain additional information related to my/our child's application.

I/We authorize the release of all applicable records including, but not limited to, the following:

<ul style="list-style-type: none">• progress reports, report cards, evaluation reports (past & present) with grading scale interpretation• individual education program (IEP) plan• current teacher recommendations	<ul style="list-style-type: none">• attendance and discipline records• immunization and medical records• psychological reports• speech, hearing, and/or vision testing results• any other testing results
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Please forward all documents to:

St. Frances Cabrini Academy
3022 Oregon Ave.
St. Louis, MO 63118
phone: 314.776.0883 / fax: 314.776.4912
pattie@cabriniacademy.org

student name: _____

date of birth: _____ anticipated start date: _____

current school: _____ current grade: _____

school address: _____

school phone: _____ school fax: _____

Statement of confidentiality: It is the policy of St. Frances Cabrini Academy that all documents received will be treated with complete confidentiality. Only authorized school personnel have access to such information.

Father/Guardian signature: _____ date: _____

Mother/Guardian signature: _____ date: _____

Records must be on file so please submit documents directly to St. Frances Cabrini Academy.