



370 Main Street, Danbury CT 06810

Tel: (203) 748-6615

## RELEASE OF RECORDS AUTHORIZATION

NAME OF STUDENT \_\_\_\_\_ CURRENT GRADE: \_\_\_\_\_

NAME OF SCHOOL LAST ATTENDED: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_ ZIP \_\_\_\_\_

*To Parents:* The Family Education Privacy Act requires that you provide written consent to your child's present school before any of their final records may be released to St. Joseph School. Please complete the following information and submit this form to your child/s current school.

*I hereby authorize, as the Parent/Guardian Of:*

\_\_\_\_\_ Dob \_\_\_\_\_  
(Student Name)

To release and send the above student's records to **St. Joseph School:**

- Final Transcript and any records of standardized testing.
- Health Records: Immunization record; physical examination reports; Speech hearing and vision test reports; health problems and/or medications.
- Any IEP or 504 Plan if applicable.

Parent/Guardian

Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

***Please send records to:***

St. Joseph School Admissions:

Email - [SJSoffice@SJSDanbury.org](mailto:SJSoffice@SJSDanbury.org) or via FAX - (203) 748-6508

Original files via mail to:

St. Joseph School Admissions, 370 Main Street, Danbury, CT 06810