



SAINT CATHERINE ACADEMY

Where learning and caring lead to personal best

TRANSFER OF CONFIDENTIAL RECORDS

Date: _____

To: _____

Name/Title

_____ Phone _____ Fax _____

School/Agency

Address

City, State

Zip

From: Eric Spencer, Principal

Saint Catherine Academy

203-540-5381

760 Tahmore Drive

203-530-5383 (Fax)

Fairfield, CT 06825

I hereby request Saint Catherine Academy to release and/or obtain confidential information regarding my child:

Student Name _____ DOB: ___/___/___ School _____

Reason for Release

_____ Educational Planning

_____ Transitional Planning

_____ Other _____

Evaluation Report

	Obtain	Release	Other Records	Obtain	Release
Psychological	_____	_____	IEP	_____	_____
Psychiatric	_____	_____	PPT Minutes	_____	_____
Academic	_____	_____	Attendance	_____	_____
Speech/Lang	_____	_____	Academic Records	_____	_____
Social Services	_____	_____	Other	_____	_____
Medical	_____	_____		_____	_____

Parent/Guardian Signature

Date

The above has been translated into _____ by _____.
language signature