



SAINT CATHERINE ACADEMY

Where learning and caring lead to personal best

TRANSFER OF CONFIDENTIAL RECORDS / RELEASE OF INFORMATION

Date: _____

From: Eric Spencer, Principal

Saint Catherine Academy
760 Tahmore Drive
Fairfield, CT 06825

203-540-5381
203-530-5383 (Fax)

To: _____

Name/Title

_____ Phone _____ Fax _____

School/Agency

Address

City, State

Zip

I _____ **hereby request Saint Catherine Academy to**
(Parent/Guardian)

release and/or obtain the following confidential information regarding Saint Catherine Academy student:

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/Health	_____	_____	_____	_____	_____

Parent/Guardian Signature

Date

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