

RELEASE OF STUDENT RECORDS

Date: ___/___/___

Name and Address of Previous School:

Phone#: _____

Fax #: _____

**The following student has applied for admission to
EPIPHANY CATHOLIC SCHOOL**

Child's Name	Date of Birth	Grade
--------------	---------------	-------

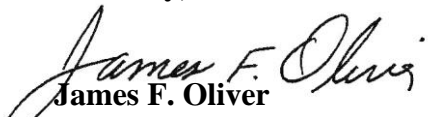
Please forward the following information to my attention at the above address as soon as possible so that appropriate educational placement may be made:

- Academic Transcripts*
- Standardized Test Scores*
- Current Year Grades to Date*
- Attendance Information*
- Physical Examination
- Health and Immunization Records
- Physical Fitness Test Records
- Psychological/Educational Evaluations

- Sociological Information
- IEP/504 Plan
- Child Study Referrals
- Speech and Language Evaluations
- Vision Screening Reports
- Special School/Center Information
- Discipline Record
- Screening and Eligibility Minutes
- Custody Information/Court Decisions

Thank you for your cooperation.

Sincerely,


James F. Oliver
Principal

*Note: in accordance with FERPA (Family Educational Rights and Privacy Act),
records marked with an asterisk do not require parent signature for release.*

I give permission to have the above records forwarded to the principal's attention at the above address.

Signature of Parent/Guardian	Date
------------------------------	------