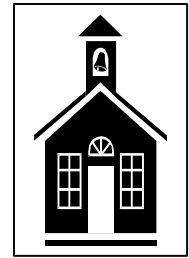


ST. CATHERINE OF SIENA CATHOLIC SCHOOL
520 West Holding Avenue
Wake Forest, NC 27587
(919) 570-0070 – (919) 570-0071 fax
www.stcathsiena.org



PERMISSION TO RELEASE STUDENT INFORMATION AND RECORDS

TO: _____ (School transferring from)

TO WHOM IT MAY CONCERN:

The student identified below has registered at St. Catherine of Siena Catholic School for the 2007-2008 school year.

Name: _____

D/O/B: _____

Grade: _____

Please forward to us any of the following records you have on this student.

- ? Cumulative folder (including grades, standardized test scores, and personal information)
- ? Health Records (records of immunizations, screening results, list of health problems)
- ? Individual Pupil Record Sheet (if available, showing attendance records)
- ? Birth Certificate (copy)
- ? Social Security Number (copy of card, if available)
- ? Any student Exception/Special services files (IEP or 504's)
- ? Other: Any information which you believe would be helpful to both teacher and student.

This request is being made by: _____
(Parent or Legal Guardian)

Date: _____