



REQUEST AND RELEASE FOR RECORDS

Date: _____

Student Name: _____
Date of Birth: _____ Grade: _____

Student Name: _____
Date of Birth: _____ Grade: _____

Please send the following information regarding:

- * Health and Immunization Records
- * Grades and written teacher comments
- * Math and Writing Portfolios
- * Sacramental information (if applicable)
- * Achievement and aptitude test results
- * Educational/Psychological Reports
- * Special needs accommodations
- * Attendance and disciplinary records
- * Grade to date at time of withdrawal

Saint Leonard School
440 Zorn Avenue
Louisville, KY 40206

Thank you, in advance, for your prompt attention to the above request.

Michele Stubblefield
School Secretary
mstubblefield@stleonardlouisville.org

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Permission for release of records:

_____ has my permission to release the records of my child /
(Name of School)
children, named above to St. Leonard Parish School.

(Parent/Guardian Signature)

(Date)