



ST. LOUIS SCHOOL AUTHORIZATION FOR RELEASE OF INFORMATION

FOR TRANSFER STUDENTS IN GRADES 1-5 ONLY

Please complete the information below and return it to the Registrar. St. Louis School will contact your current school to obtain the required documentation.

CURRENT SCHOOL INFORMATION (Please PRINT.)

TO:

SCHOOL Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____

FROM:

St. Louis School Phone: (585) 586-5200
11 Rand Place FAX: (585) 586-4561
Pittsford, NY 14534

STUDENT INFORMATION (Please PRINT.)

Student's Full Name: _____ Date of Birth: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone Numbers
Home: _____ Cell: _____ Work: _____
Entering Grade: _____

Permission is hereby given to St. Louis School to receive the following information from you regarding the above named student:

- Transcript (Permanent Record Information)
- Standardized Test Data (Achievement, Aptitude)
- Current Grades and Grading Conversion Scale
- Health Records
- Special Education Records
- Psychological Reports/Social Work Reports
- Other: _____

Reason for Request: _____

Signature of Parent or Guardian (Note: Valid one calendar year from date signed.)

Date