



## Release of Records Form

50 Harvey Place \* Stratford CT 06615 \* (203) 375-5994 \* www.stjamesstratford.org

### Transferring School Information

School Name: \_\_\_\_\_

School Street Address: \_\_\_\_\_

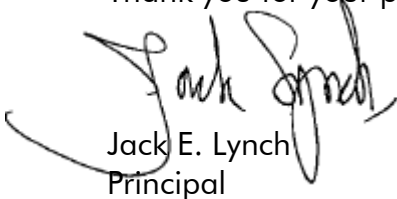
School City, Town & Zip: \_\_\_\_\_

Dear Principal:

\_\_\_\_\_ has applied to Grade \_\_\_\_\_ at St. James School for the academic year \_\_\_\_\_. Will you please send the following:

- Transcript of grades
- Health record
- Standard health test
- Confidential records
- Special Education/Psychological Records

Thank you for your prompt response to this request.



Jack E. Lynch  
Principal

I hereby give permission for information concerning my child \_\_\_\_\_ to be released to St. James School.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date