

Request for Student Records

STUDENT INFORMATION

DATE OF REQUEST _____

STUDENT LAST NAME	FIRST NAME	MIDDLE NAME/INITIAL	GRADE	
_____/_____/____	_____	_____	_____	
DATE OF BIRTH	PLACE OF BIRTH - CITY		STATE	ZIP
_____	_____		_____	_____
CURRENT ADDRESS - STREET NUMBER AND NAME			CITY	STATE ZIP
_____			_____	_____

PARENT / LEGAL GUARDIAN INFORMATION (SEE NOTE)

LAST NAME	FIRST NAME	RELATIONSHIP TO STUDENT		
_____	_____	_____		
CURRENT ADDRESS - STREET NUMBER AND NAME		CITY	STATE	ZIP
_____		_____	_____	_____

HOME PHONE _____

LAST NAME	FIRST NAME	RELATIONSHIP TO STUDENT		
_____	_____	_____		
CURRENT ADDRESS - STREET NUMBER AND NAME		CITY	STATE	ZIP
_____		_____	_____	_____

HOME PHONE _____

I/WE HEREBY REQUEST THAT RECORDS FOR THE STUDENT IDENTIFIED ABOVE BE PROVIDED TO THE SCHOOL IDENTIFIED BELOW. I CERTIFY THAT AS PARENT/LEGAL GUARDIAN AND/OR STUDENT, I HAVE THE LEGAL RIGHT TO AUTHORIZE THE RELEASE OF THIS INFORMATION. NOTE: THE AUTHORIZATION OF BOTH THE PARENT/GUARDIAN AND THE STUDENT ARE REQUIRED FOR A CURRENTLY ENROLLED STUDENT WHO IS 18 YEARS OLD OR OLDER. A PERSON WHO IS 18 YEARS OLD OR OLDER AND NO LONGER ATTENDING THE SCHOOL HAS THE SOLE RIGHT TO AUTHORIZE RELEASE OF RECORDS.

SIGNATURE _____

SIGNATURE _____

THE RECORDS REQUESTED INCLUDE THE FOLLOWING:

- CUMULATIVE RECORD OF GRADES, ATTENDANCE, AND STANDARDIZED TEST SCORES
- SPECIAL NEEDS EVALUATION, DIAGNOSTIC REPORT, AND CURRENT PRESCRIPTIONS FOR ADJUSTMENTS
- IMMUNIZATION RECORD, VISION AND HEARING SCREENING, AND SPECIAL HEALTH CARE NEED INFORMATION

RECORDS REQUESTED FROM:

SCHOOL NAME	TELEPHONE		
_____	_____		
ADDRESS	CITY	STATE	ZIP
_____	_____	_____	_____

SEND RECORDS TO:

St. Simon the Apostle School	314-842-3848, ext. 200		
SCHOOL NAME	TELEPHONE		
11019 Mueller Road	St. Louis MO 63123		
ADDRESS	CITY	STATE	ZIP
_____	_____	_____	_____

THE SCHOOL, FOLLOWING ITS ESTABLISHED POLICY, MAY WITHHOLD THE TRANSFER OF INFORMATION IF THERE IS AN UNPAID TUITION BALANCE OR OTHER FINANCIAL OBLIGATION.