

at Our Lady of Lourdes † Saint Anne

	DATE OF REQUEST		
STUDENT NAME	GRADE	DOI	В
ADDRESS	CITY	STATE	ZIP
RELEASING SCHOOL		DISTRICT _	
ADDRESS	CITY	STATE	ZIP
reading level, etc.) Health Records (immunization card Administrative Records (recommend Psychological Records (including al Special Programming (L.D., Correcti Speech/Language, etc.) Other I acknowledge notification of this transfer of Privacy Act of 1974, and understand that I had have an opportunity for a hearing to conformation will be treated in a confidential procedures in compliance with the law.	dations, correspondence) Il confidential information are tve Reading, Gifted and Tale of records as required by the ave a right to receive a copy challenge the contents of the manner and will be transm	nted, Extended ne Family Educ at my own exp ne records. I united to a third p	Studies, ational Rights and ense, if requested, nderstand that the party only through
Parent/Guardian Signature		Date	
Please send the above requested informatio	n to:		
Seton Catholic School			

Thank you,

165 Rhinecliff Drive Rochester, NY 14618

Phone (585) 473-6604 Fax (585) 473-3347

Patty Selig Principal