

**SETON CATHOLIC SCHOOL AUTHORIZATION FOR RELEASE OF INFORMATION  
FOR TRANSFER STUDENTS IN GRADES 1-6 ONLY**

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

**CURRENT SCHOOL INFORMATION (Please PRINT)**

**TO:**

SCHOOL Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 FAX NUMBER: \_\_\_\_\_ School Contact: \_\_\_\_\_  
 School Contact Email: \_\_\_\_\_

**FROM:** Seton Catholic School Phone: 585.473.6604  
 165 Rhinecliff Drive FAX: 585.473.3347  
 Rochester, NY 14618 Email: setondcs@dor.org

**STUDENT INFORMATION (Please PRINT)**

**Students Full Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone Numbers**  
 Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_  
**Entering Grade:** \_\_\_\_\_

Permission is hereby given to Seton Catholic School to receive the following information from you regarding the above-named student:

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

Reason for Request: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent/Guardian (Note: Valid one calendar year from date signed.)**

\_\_\_\_\_  
**Date**

I acknowledge notification of this transfer of records as required by the Family Educational Rights and Privacy Act of 1974, and understand that I have a right to receive a copy at my own expense, if requested, and have an opportunity for a hearing to challenge the contents of the records. I understand that the information will be treated in a confidential manner and will be transmitted to a third party only through procedures in compliance with the law

Mary Kate Koecheler  
 Principal

*M. K. Koecheler*