



at Our Lady of Lourdes † Saint Anne

DATE OF REQUEST _____

STUDENT NAME _____ GRADE _____ DOB _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

RELEASING SCHOOL _____ DISTRICT _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

- _____ Academic Records (grades, attendance, standardized test scores, achievement test scores, reading level, etc.)
- _____ Health Records (immunization card and all health information)
- _____ Administrative Records (recommendations, correspondence)
- _____ Psychological Records (including all confidential information and testing results)
- _____ Special Programming (L.D., Corrective Reading, Gifted and Talented, Extended Studies, Speech/Language, etc.)
- _____ Other

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.

Parent/Guardian Signature _____ Date _____

Please send the above requested information to:

Seton Catholic School
165 Rhinecliff Drive
Rochester, NY 14618
Phone (585) 473-6604 Fax (585) 473-3347

Thank you,

Patty Selig
Principal