

**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.

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

**TO: CURRENT SCHOOL INFORMATION (Please PRINT)**

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

**STUDENT INFORMATION (Please PRINT)**

Students Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Numbers: (Mobile) \_\_\_\_\_ (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.

Kind Regards,

*M. K. Koecheler*  
Mary Kate Koecheler  
Principal