



St. Ignatius Catholic School Permission to Release Pupil Progress and Health Records

I, _____ (parent/guardian name), authorize St. Ignatius Catholic School
to **release** the progress & health records of _____ (student name).

This student will transfer to _____ (School)

_____ (Address)

_____ (City, State, Zip)

_____ (Telephone)

Effective _____ (Date)

OR

The records are needed for the purpose as follows:

Specific Records

- Progress Records Grades, course and academic work completed, attendance, record of student activities.
- Behavioral Records Group standardized test results, psychological reports, multidisciplinary team evaluations and recommendations, attendance and behavioral records, observations, and any other records which are not specifically related to progress or identifying data.
- Identifying Data Student's name, address, names and addresses of custodial and non-custodial parents, telephone listings, date and place of birth, previous schools attended.
- Pupil Health Records Basic health information, including immunization records or waivers, an emergency medical card, and results of standard screening of vision, hearing, and scoliosis.

Indicate any specific records to be excluded on the line below:

I am legally responsible for named child and have authority to make this request.

Custodial Parent/Guardian Signature

Date

Rev. 08/2022

Mission: We will meet the unmet demands of our students and families for a Catholic classical education to form a community of disciples of Christ.
Vision: As a Catholic community, we will increase the number of virtuous leaders, thinkers, and intentional disciples of Christ working to rebuild our culture.