**REQUEST FOR STUDENT RECORDS**

Date of Request:

**STUDENT INFORMATION:**

Last Name: First Name: Middle: Grade:

Date of Birth: City and State of Birth:

Current Address:

**PARENT/LEGAL GUARDIAN INFORMATION (SEE NOTE):**

Last Name: First Name: Relationship to Student:

Address:

Home Telephone: Cell:

Last Name: First Name: Relationship to Student:

Address:

Home Telephone: Cell:

 I/we hereby request that records for the student identified above be provided to the school identified below. I certify that as parent/legal guardian and/or student, I have the legal right to authorize the release of this information. Note: The authorization of BOTH the parent/guardian AND the student are required for a currently enrolled student who is **18** years old or older. A person who is **18** years old or older and no longer attending the school has the sole right to authorize release of records.

One parent signature required:

**THE RECORDS REQUESTED INCLUDE THE FOLLOWING:**

* Cumulative record of grades, attendance, and standardized test scores
* Special needs evaluation, diagnostic reports, and current prescriptions for adjustments
* Immunization record, vision and hearing screening, and special health care need information

**RECORDS REQUESTED FROM:**

School Name: Telephone: Fax:

School Address: email:

**SEND RECORDS TO:**

School Name: **St. Theodore** Telephone: 636-639-1385 Fax: 636-887-2029

School Address: 5059 Hwy P Wentzville, MO 63385 email: rvarner@sainttheodore.org

THE SCHOOL, FOLLOWING ITS ESTABLISHED POLICY, MAY WITHHOLD THE TRANSFER OF INFORMATION IF THERE IS AN UNPAID TUITION BALANCE OR OTHER FINANCIAL OBLIGATION.