



Margie Marshall, Principal

## RECORD RELEASE REQUEST

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Birthdate

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
Telephone

### School Releasing Information

All Saints Catholic Academy

1155 Aurora Avenue

Naperville, IL 60540

### School Obtaining Information

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Type of Material (please check all that apply)

\_\_\_ Standard Educational Record

\_\_\_ Vision/Hearing Tests

\_\_\_ Psychological Report (if available)

\_\_\_ Medical Treatment

\_\_\_ Educational Evaluation Reports

\_\_\_ School Physical Records

\_\_\_ Special Education Placement Forms

\_\_\_ Other .....

I hereby authorize All Saints Catholic Academy to release any and all records pertaining to the above named student to the school designated above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

I hereby signify that all student records as noted above have been transferred to the above school as directed by an authorized parent or guardian on the date noted below.

\_\_\_\_\_  
Date

\_\_\_\_\_  
ASCA Staff Signature