



# Saint Bernard School Release of Records Form

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

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Name of Current School Attending: \_\_\_\_\_

School Address: \_\_\_\_\_  
Street City State Zip Code

Name of Guidance Counselor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dates of Attendance: From: \_\_\_\_\_ To: \_\_\_\_\_

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I give permission for Saint Bernard School to :  **Receive Records & Speak w/ Guidance Counselor, if necessary**

Please submit all that apply:

\_\_\_\_\_ Educational Records  
\_\_\_\_\_ Grades to Date of Withdrawal  
\_\_\_\_\_ Attendance Records  
\_\_\_\_\_ Student Tests Results  
(i.e. CT Mastery, Iowa, CAPT)

\_\_\_\_\_ Special Education Records  
\_\_\_\_\_ Planning & Placement Team Records  
\_\_\_\_\_ Psychological Records  
\_\_\_\_\_ Social Work Records  
\_\_\_\_\_ Discipline Records

\_\_\_\_\_ SASID: \_\_\_\_\_

\_\_\_\_\_ Date

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

The Above Records Should Be Sent To:

**Saint Bernard School  
Guidance Office  
1593 Norwich-New London Turnpike  
Uncasville, CT 06382**

**This authorization is requested in compliance with Public Law 93-380 Family Educational Right and Privacy Act of 1974, which requires that parents permit the release of records, and know that such student information is being forwarded to another institution.**