



St. Francis Xavier School

414 Michigan Street
Petoskey, Michigan 49770
(231) 347-3651

REQUEST FOR RELEASE OF RECORD

School Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ FAX: _____

	STUDENT(S) NAME	GRADE LAST ATTENDED	BIRTHDATE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

I hereby request the release of all confidential information including cumulative and health records, all special education records including: I.P.E.C. reports, social worker evaluation reports, psychological reports and any other information pertinent to the educational placement of the student(s) listed above. I am aware of my rights under the "Family Educational Rights and Privacy Act of 1974".

Parent/Guardian Signature Relationship Date

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

School Official Signature Title Date Request Sent