



**PARENTAL PERMISSION
TO REQUEST AND/OR RELEASE SCHOOL RECORDS
2010-2011**

NAME OF STUDENT: _____

DATE OF BIRTH: _____

School Address & Phone: _____

I hereby authorize Queen of Angels Catholic School to request and/or release records relative to my children's previous educational experiences. The specific records which I am requesting should be released and/or forwarded to the address below:

**Queen of Angels Catholic School
Mrs. Linda L. Holsopple
School Administrator
One Main Street
North Huntingdon, PA 15642**

Parent/Guardian please sign below:

(Signature of Parent/Guardian) (Date)

RECORDS REQUESTED:

- _____ Attendance Data
- _____ Report Cards (Past and Current)
- _____ Group Aptitude and Achievement Testing
- _____ Health, Medical and Dental Records
- _____ Personal History
- _____ Psychological Reports
- _____ Psychiatric Evaluations
- _____ Special Education Due Process Papers and IEP
- _____ Speech and Language Evaluations
- _____ Instructional Support Plans and Summaries
- _____ Others: (Specific reports, e.g., Occupational and Physical Therapists, Neurological Evaluations, etc. known by parents to be available) Please list

