

REQUEST FOR TRANSFER OF EDUCATIONAL RECORDS

Date of Request: _____

STUDENT: _____
 NAME GRADE BIRTHDATE

ADDRESS: _____
 CITY ZIPCODE

RELEASING SCHOOL: _____

ADDRESS: _____
 CITY ZIPCODE

_____ *Academic Records (Grades, Attendance, Standardized Test Scores, Achievement Test Scores, Reading level, etc.)*

_____ *Health Records (Immunization card and all health information)*

_____ *Administrative Records (Recommendations, Correspondences)*

_____ *Psychological Records (Including ALL Confidential Information and Testing Results)*

_____ *Special Programming (L.D., Corrective Reading, Gifted & Talented, Extended Studies, Speech/Language, etc.)*

_____ *Other*

I acknowledge notification of this transfer of records as required by the Family Educational Rights and Privacy Act of 1974, and understand that I have a right to receive a copy at my own expense, if requested, and have an opportunity for a hearing to challenge the contents of the records. I understand that the information will be treated in a confidential manner and will be transmitted to a third party only through procedures in compliance with the law.

Parent/Guardian Signature

Date

PLEASE MAIL OR FAX TO:

**Saint Benedict School
3980 Main St.
Amherst, N.Y. 14228
Attention: Mrs. MaryAlice Bagwell, Principal
FAX # 716-834-4932**

Thank you for your assistance in this matter.