



Authorization for the Release of Student Records

In accordance with the provisions of the Family Education Rights and Privacy Act, I do hereby give consent to the school named below (previous school), to release the indicated records of this student to:

St. Regis Catholic School
Student Records
3691 Lincoln Road
Bloomfield Hills, MI 48301

Parent Signature _____
Parent Printed Name: _____

PREVIOUS SCHOOL: _____
STREET ADDRESS: _____
CITY/STATE/ZIP: _____

Student Name: _____
Birth date: _____ Entry Date: _____ Grade: _____
Home Address: _____
City/State/Zip: _____

Please include:
GENERAL EDUCATION RECORDS (Should include all grades at time of transfer, attendance, immunization, health records, standardized testing, previous report cards)

SPECIAL EDUCATION/CONFIDENTIAL RECORDS (Should include medical, psychological, social worker reports, IEPC records etc.)

INFORMATION regarding any attendance in Special Education Programs or adjustment of curriculum for any reason.