

Saint Bernard School

Release of Records Form

Student Name:	DOB:	Current Grade:	
Address:Street	City	State	Zip Code
Name of Current School Attending:			
School Address:			
School Address: Street	City	State	Zip Code
Name of Guidance Counselor:	Phone #:		
Dates of Attendance: From:	To:		
This authorization is requested in complia and Privacy Act of 1974, which requires the such student information is being forwards I give permission for Saint Bernard School to :	hat parents permit the distribution of the dis	he release of reco tion.	
Please submit all that apply:		F	
Educational Records Grades to Date of Withdrawal Attendance Records Student Tests Results (i.e. CT Mastery, Iowa, CAPT) SRBI data	504 Plans and IEP Records Planning & Placement Team Records Psychological Records Social Work Records Discipline Records Medical Records and RN Notes (Please send Medical Records to the attention of the School Nurse)		
Date	Signature of Parent/Guardian		
	Phone number		
The Above Records Should Be Mailed To: Questions: Contact the Office of Admissions: 860-848-1271	Saint Bernard School Attn: Admissions Office 1593 Norwich-New London Turnpike Uncasville, CT 06382		
Please do not fax re • Official Records should be Ma			

• Unofficial records may be emailed to Admissions@saint-bernard.com. Thank you.

Saint Bernard School admits students of any race, color, national or ethnic origin, religion or creed to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. Saint Bernard School does not discriminate on the basis of race, color, national and ethnic origin, religion or creed in administration of its educational policies, scholarship, financial aid programs, athletic and other school programs.