



**REQUEST FOR TRANSFER OF EDUCATIONAL RECORDS**

Date of Request \_\_\_\_\_

STUDENT NAME \_\_\_\_\_  
Grade \_\_\_\_\_ Birthdate \_\_\_\_\_

ADDRESS \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

RELEASING SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

DISTRICT \_\_\_\_\_

- \_\_\_\_\_ Academic Records (grades, attendance, standardized test scores, achievement test scores, reading level, etc.)
- \_\_\_\_\_ Health Records (immunization card and all medical information)
- \_\_\_\_\_ Administrative Records (recommendations and correspondence)
- \_\_\_\_\_ Psychological Records (including all confidential information and testing results)
- \_\_\_\_\_ Special Programming (L.D., Corrective reading, Gifted and Talented, Extended Studies, Speech and 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 send the above requested information: Saint Kateri School, 445 Kings Highway South, Rochester, NY 14617. Thank you.

Mrs. Terri Morgan, Principal