



187 Wyckoff Avenue
Ramsey, New Jersey 07446
www.academyofstpaul.org
201 327-1108
201 236-1318 fax



REQUEST FOR STUDENT RECORDS RELEASE FORM

Student's Name: _____

Student's Date of Birth: _____

Information to be Released From: _____

School's Address: _____

I hereby authorize the above school to release the following records as indicated:

- **Mandated records include:** records of attendance, pupil progress, health/medical, dental and immunization and education of learning disabled children (includes all Child Study Team records, tests and evaluations). If tested for TB, please include type of test.
- **Permitted records include:** Cumulative record folder information such as available work samples, standardized test results, co-curricular activities and discipline.
- **Student's official transcript of credits, including marks received upon withdrawal.**
- **An explanation if grades are numerical, e.g., 95-100 = A , 90-94 = B, etc., and passing standard.**

The above information should be sent to:
Academy of Saint Paul
187 Wyckoff Avenue
Ramsey, New Jersey 07446

Reason for release: _____

Signature of Parent/Guardian

Date