

## **Third Party Release Form\***

The Pupil Personnel Services of Saint James School has my permission to discuss/receive information concerning my son/daughter as indicated below:

Student's Name		Current School		Date of Birth	
Student's Home Address		City	State	Zip Code	
Receive from:					
	Specify Party				
	Address of School				
<u> </u>	X Official Administrative Record (name, address, birth date, grade level completed, grades, class standing, attendance record)				
XS	Social Work Record/ Psychological Evaluation				
X D	isciplir	nary Records			
Х	ealth F	Record			
XS	X Special Education and Planning Records				
X P	annin	g and Placement Team F	tecords		
X	ther: (	(specify)			
Please address information	to:	Saint	James School		
ricase address information		73 Park Street			
	_	Manchester, CT 06040			
	_	Attention: Bridget Zorger			
Signature of Parent or Guardian				Date	

<sup>\*</sup> This authorization is requested in compliance with Public Law 93-380 <u>Family Educational Right and Privacy Act of 1974</u>, which requires that parents permit the release of records and know that such student information is being forwarded to another institution.