



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

☒ Official Administrative Record (name, address, birth date, grade level completed, grades, class standing, attendance record)

☒ Social Work Record/ Psychological Evaluation

☒ Disciplinary Records

☒ Health Record

☒ Special Education and Planning Records

☒ Planning and Placement Team Records

☒ Other: (specify) _____

Please address information to: _____
Saint James School

73 Park Street

Manchester, CT 06040

Attention: Christina Nunes, Principal

Signature of Parent or Guardian

Date

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