



## RELEASE OF RECORDS FORM

Date: \_\_\_\_\_

To Whom It May Concern:

I, \_\_\_\_\_,

*(Parent/Guardian)*

Request that \_\_\_\_\_,

*(Name of School)*

please forward all academic and health records, standardized test data, and any and all

confidential psychological and/or IEP records, if applicable, for my child,

\_\_\_\_\_,

*(Student's Name)*

to Bishop Maginn High School as soon as possible. Thank you for your assistance.

\_\_\_\_\_

Parent/Guardian

Date

