



## 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





75 Park Ave., Albany NY 12202  
Phone (518) 463-2247 • Fax (518) 463-9880  
[www.bishopmaginn.org](http://www.bishopmaginn.org)

Christopher Signor, Principal



*Home of the Griffins*

***NOTE: This form should be sent to the school your child currently attends.***

