



SACRED HEART *of* JESUS SCHOOL

PARENTAL AUTHORIZATION FOR RELEASE OF RECORDS

To Whom It May Concern:

School: _____

City _____ State _____ Zip _____

Phone _____

I authorize your school to forward the following information to Sacred Heart of Jesus School concerning my child/children:

Student Name: _____ Date of Birth: _____

Student Name: _____ Date of Birth: _____

Student Name: _____ Date of Birth: _____

- Academic performance (classroom grades/or evaluations)
- All standardized tests (intelligence, aptitude, achievement, state assessment)
- All IEP's, 504 Plans, Special Education Referrals, Team meeting minutes, etc.
- All psychological testing results
- All Health/Immunization records

Parent/Guardian Signature: _____

Date: _____

Please send all records to: Sacred Heart of Jesus School
 1317 Mapleton Avenue
 Boulder, CO 80304
 303-447-2362
 303-443-2466, fax