Saint James School
Founded in 1921

Third Party Release Form*

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

Student's Name	*School*	*Date of Birth*

Street	*City*	*State*	*Zip Code*

[X] Receive from: _____
Specify Party

_____
Address

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

[X] Social Work Record

[X] Psychological Evaluation

[X] Health Record

[X] Special Education and Planning Records

[X] Planning and Placement Team Records

[X] Other: (specify) _____

Please address information to: Saint James School
73 Park Street
Manchester, CT 06040
Attention: Bridget Zorger, 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.