INCARNATE WORD ACADEMY

AUTHORIZATION TO RELEASE RECORDS

Student Name _____

Grade in School _____ Date of Birth _____

School Name _____

School Address _____

(Street / City / State / ZIP)

Records Needed Include:

- o Official school records and transcripts (including 6th, 7th & 8th grades and/or high school records)
- o Latest Report Card
- o IEP, Special Education Progress Reports
- o Standardized Test Scores (Achievement, Assessment & Screening Tests)
- o Health /Immunization Records
- o Legal Documents pertaining to guardianship and/or parental rights
- o Physician/Medical/Psychological Reports
- o Discipline Record and Reports
- o Other records not listed (when applicable)

RECORDS ARE TO BE RELEASED TO:

Registrar / Incarnate Word Academy
2788 Normandy Drive
St. Louis, MO 63121
Phone: (314) 725-5850
FAX: (314) 725-2308

I hereby authorize the release of all pertinent educational, medical, psychological, behavioral and disciplinary records to Incarnate Word Academy.

Signature _____ Date _____

(Signature of parent/guardian required if student is under 18 years of age)