

REQUEST FOR RECORDS RELEASE

To be completed & returned to:

Saint Benedict Catholic School

Attn: Lisa Yost, Director of Admissions

3100 Grove Avenue – Richmond, Virginia 23221

FAX (804) 254-9163 PHONE (804) 254-8850

I hereby give permission to the Principal, or any school personnel
designated by the Principal of _____

(Current School)

to release the records of _____

(Student's Full Name)

To include but not limited to:

- **Transcript**
- **Current year report cards**
- **Standardized Test results**
- **Educational Evaluations**
- **IEP or other similar plans**
- **Medical records, including immunizations**
- **Disciplinary records**

Thank you for your assistance!

Parent's Signature: _____

Date: _____