

REQUEST FOR RECORDS RELEASE

To be completed & returned to:

Saint Benedict Catholic School
Attn: Gretchen Ridgely, 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: _____