



ST. JAMES THE APOSTLE SCHOOL

12 GLENEIDA AVENUE
CARMEL, NEW YORK 10512
TELEPHONE: 845-225-9365
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RECORD RELEASE REQUEST

I, _____ parent or guardian of
_____ do hereby authorize
the release of any and all of my child's school records to St. James the Apostle School.
Please include health records, standardized assessments, psychological assessments
and/or individual education plans.

I understand that these records will be used in a confidential manner by school
authorities and any other duly authorized agencies.

PARENT SIGNATURE

DATE