

# THE SAINT AUSTIN SCHOOL



## REQUEST FOR STUDENT RECORDS

### Student Information:

Name: \_\_\_\_\_ Applying for: \_\_\_\_\_  
(Last) (First) (M.I.) (Grade)

Name: \_\_\_\_\_ Applying for: \_\_\_\_\_  
(Last) (First) (M.I.) (Grade)

Name: \_\_\_\_\_ Applying for: \_\_\_\_\_  
(Last) (First) (M.I.) (Grade)

Name: \_\_\_\_\_ Applying for: \_\_\_\_\_  
(Last) (First) (M.I.) (Grade)

### The records requested include the following:

- \* Cumulative record of grades and attendance
- \* Standardized test scores
- \* Special needs evaluations, diagnostic reports and current prescriptive accommodations
- \* Health and immunization records

### Parent / Guardian Authorization:

I / We hereby request that cumulative academic and health records for the student(s) identified above be provided to the school identified below. I certify that as a parent / legal guardian of this student, I have the legal right to authorize the release of this information.

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent / Guardian: \_\_\_\_\_  
(Last) (First) (M.I.)

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent / Guardian: \_\_\_\_\_  
(Last) (First) (M.I.)

Please send records to: **The Saint Austin School**  
**P.O. BOX 6906**  
**Chesterfield, MO 63006**

Or email records to:  
[sarah.giammanco@saintaustinschool.org](mailto:sarah.giammanco@saintaustinschool.org)