

Ss. Peter and Paul School
217 W. 3rd Street
Waterloo, IL 62298

_____ Student record release

_____ Request to view records

Re: _____

Student's Name

Birthday

To: _____

Person(s) or Agency

Address

Reason to release or transfer _____

CERTIFICATION OF KNOWLEDGE OF INTENT TO TRANSFER STUDENT RECORDS AND KNOWLEDGE OF RIGHTS.

I hereby authorize _____ to release the following as initiated, and certify that I have been notified of _____ intent to obtain or transfer such records:

_____ *academic records* _____ *standardized tests* _____ *anecdotal notes*

_____ *psychological referrals* _____ *health records* _____ *other*

I also certify that I am aware of my rights to receive a copy of these records a \$0.10 per sheet if I desire and to challenge their content.

Date

Signature

My relationship to the above-named person is (initial one):

_____ *Father*

_____ *Mother*

_____ *Guardian*

I certify that I have seen the records as requested above. I understand that I have the right to appeal for the removal of any item in the student record, to request that a rebuttal to any item be placed in the record, or to request a formal hearing on the content of the records.

Signature

Date