

St. Thomas Aquinas Catholic School
1719 Post Road
Fairfield, CT 06824
Telephone: (203) 255-0556 / Fax: (203) 255-0596

STUDENT EDUCATION RECORDS/INFORMATION RELEASE AUTHORIZATION FORM

STUDENT NAME: _____ D.O.B.: _____

- ☒ Special Education Records & Related Records (IEP, PPT Minutes, Psychological, Social Work, Speech/Hearing Evaluations)
☒ Grades / Transcripts
☒ Group Standardized Test Scores
☒ Medical / Health Record
☒ Other As Specified: (Awards, Letters of Recommendation, Verbal Communication)
☒ In-School Visit and Conversations with Teachers
☒ Confidential Student Evaluation Forms

I understand that Student Evaluation Forms are confidential and will not be shared with the parent/guardian.

PLEASE RELEASE THE ABOVE INFORMATION TO:

St. Thomas Aquinas Catholic School

(Name of School)

1719 Post Road

(Address of School)

Fairfield, CT 06824

(City, State & Zip)

Fax: 203-255-0596 Phone: 203-255-0556

(Phone / Fax)

PLEASE OBTAIN THE ABOVE INFORMATION FROM:

(Name of Current Teacher)

(Name of School)

(Street Address)

(City, State & Zip)

(Phone / Fax)

Parent AUTHORIZATION

(Parent/Guardian Signature)

(Relationship to Student)

(Date)

(Reason for Release of Records/Information)

This is to acknowledge that the identified records/information above have been released as per request on

(Date)

by _____
(Signature of School Representative)