

AUTHORIZATION FOR EXCHANGE OF STUDENT RECORD INFORMATION

St. Thomas More School
6511 176th SW
Lynnwood, Wa 98037
425-743-4242

Student:	Birthdate:	School:
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PURPOSE: In order to assist us in educational planning for your child, it is necessary for us to exchange relevant records and information with schools and/or other agencies, organizations, or personnel who serve your child.

CATEGORIES OF INFORMATION TO BE EXCHANGED:

<input type="checkbox"/> Academic	<input type="checkbox"/> Special Education Assessment Reports
<input type="checkbox"/> Attendance	<input type="checkbox"/> Special Education Records; e.g., IEP, Special Education Evaluations
<input type="checkbox"/> Discipline	<input type="checkbox"/> Section 504 Documentation
<input type="checkbox"/> Transcripts	<input type="checkbox"/> Other
<input type="checkbox"/> Assessment (state, district, classroom, other)	

St Thomas More School Contact: Teresa Fewel, Principal Phone: 425-743-4242 FAX: 425-745-8367	or Name: _____ Phone: _____ Fax: _____
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I HEREBY AUTHORIZE the mutual exchange of information between the agency and/or person(s) listed below and St. Thomas More School.

Name of Agency/Person: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ FAX: _____ E-mail: _____

I understand that the information obtained will be treated in a confidential manner. I also understand that it is my right to request a copy of all information and to contest any information I feel is incorrect.

Date: _____

Signature of Person Giving Consent: _____ Relationship to Student: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____