



SAINT THOMAS SCHOOL

428 S. FORT THOMAS AVENUE
FORT THOMAS, KENTUCKY
859.572.4641
www.saintthomasschool.org



REQUEST FOR RELEASE OF STUDENT RECORDS

Under Public Law #93-380 "Protection of Parents and Students" student's records cannot be released from any school or agency without parental (legal guardian) consent.

In accord with that law, I hereby authorize Saint Thomas School – Ft. Thomas, KY, to receive school information and medical records contained in the cumulative folder of:

Name of Student: _____

Date of Birth: _____ Grade Entering: _____

and to be released to the above from:

School last attended: _____

Address: _____

City, State and Zip: _____

Phone Number: _____ Fax Number: _____

Such school information shall include official copies of elementary school transcripts, standard test scores, health records, and any other pertinent data.

Signature of Parent/Guardian: _____ Date _____