

Saint Kevin School
39 Cathedral Road
Warwick, RI 02889
Tel: 737-7172 Fax: 738-1288

Record Release Form

The purpose of this form is to insure compliance with the Family Educational Rights and Privacy Act of 1974 which requires documented evidence of permission to release all student files to officials of other public or private schools in which the student intends to enroll.

I am the parent of _____
Name of Student Grade

Name of school presently attending

Address City State Zip

and I request and authorize that my child's records be released to the officials of

Name of school where student will be transferred

Address City State Zip

Parent's Signature Date