



Siena Catholic Academy
MIDDLE SCHOOL

REQUEST FOR RELEASE OF EDUCATIONAL RECORDS

Date of Request: _____

Student Name: _____

Birthdate: _____ Grade _____

Address: _____

City: _____ State _____ Zip _____

Releasing School: _____

Address: _____

Phone _____ FAX _____

Receiving School: **SIENA CATHOLIC ACADEMY**
2617 EAST AVENUE
ROCHESTER, NY 14610
585-381-1220 Fax: 585-381-1223

_____ Academic Records (grades, attendance, standardized test scores, achievement test scores, IEPs, 504 Plan, Academic Accommodation Plan, etc)

_____ Administrative Records (recommendations, correspondence, discipline)

_____ Psychological Reports (including all confidential information and testing results)

_____ Any diagnostic assessment of learning problems that are not reflected in an IEP

_____ Health Records (immunization card and all health information)

_____ Other _____

Parent/Guardian: _____ Date _____

Office _____ Date _____