



**St. Anthony Academy**  
10201 Main St, Suite 125, Fairfax, Virginia 22030 703-330-2121  
www.stanthonyacademy.org

Release of Student Records

Dear Principal,

\_\_\_\_\_ has applied for admission to St. Anthony Academy.

Student's Full Name

Please provide the following information about when this child was a student at your school:

Name of School Student Attended: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number \_\_\_\_\_

Dates During Which Student was Enrolled \_\_\_\_\_ to \_\_\_\_\_

Please send to our address the following records for this student:

Academic Transcripts	Sociological Information
Standardized Test Scores	IEP/504 Plan
Attendance Record	Child Study Referrals
Physical Examination Records	Speech and Language Records
Health and Immunization Records	Vision Screening Reports
Psychological/Educational Evaluation	Discipline Record

Thank you,

*Jane Burton*

\_\_\_\_\_

Signature of Principal

\_\_\_\_\_

Date

I give permission to release the above records for my student to the requesting Principal.

\_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_

Date