NAZARETH ACADEMY
West Convent
Victoria, Texas 777901
(361) 573-6651
(361) 573-1829 (fax)

PERMISSION FOR RELEASE OR TRANSFER OF SCHOOL RECORDS

_____ _____ _____
Student Name Date of Birth Grade

School Sending Records : _____
Name of School

_____
Street or PO Box #

_____
City State Zio

_____
Phone # Fax #

I hereby give my permission for the release of and transfer to ___Nazareth Academy__ the following designated record for my child.

____ Grade for current reporting period
____ Current Report Card
____ ARD
____ Attendance
_____ Standardized Testing scores
_____ Health Records
_____ Pending Disciplinary Action

I understand that the information thus obtained will be treated in a confidential manner and that this information will be used to plan an educational program for my child.

_____ _____
Signature of Parent Date

Please note: According to the Final Regulations Family Educational Rights and Privacy Act (Buckley Amendment), dated June 17, 1976, it is no longer necessary to obtain written consent to release records between schools. It states that school officials, including teachers within the educational institution and officials of other schools in the school system in which they may intend to enroll, may receive a student's records without a written consent for release.