

St. Thomas Aquinas Catholic School  
1719 Post Road  
Fairfield, CT 06824  
Telephone: (203) 255-0556 / Fax: (203) 255-0596

**STUDENT EDUCATION RECORDS/INFORMATION RELEASE AUTHORIZATION FORM**

STUDENT NAME: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

- Special Education Records & Related Records (IEP, PPT Minutes, Psychological, Social Work, Speech/Hearing Evaluations)
- Grades / Transcripts
- Group Standardized Test Scores
- Medical / Health Record
- Other As Specified: (Awards, Letters of Recommendation, Verbal Communication)
- In-School Visit and Conversations with Teachers
- Confidential Student Evaluation Forms

I understand that Student Evaluation Forms are confidential and will not be shared with the parent/guardian.

PLEASE RELEASE THE ABOVE INFORMATION TO:  
**St. Thomas Aquinas Catholic School**

\_\_\_\_\_  
(Name of School)  
**1719 Post Road**  
\_\_\_\_\_  
(Address of School)  
**Fairfield, CT 06824**  
\_\_\_\_\_  
(City, State & Zip)  
**Fax: 203-255-0596 Phone: 203-255-0556**  
\_\_\_\_\_  
(Phone / Fax)

PLEASE OBTAIN THE ABOVE INFORMATION FROM:

\_\_\_\_\_  
(Name of Current Teacher)  
\_\_\_\_\_  
**(Name of School)**  
\_\_\_\_\_  
(Street Address)  
\_\_\_\_\_  
(City, State & Zip)  
\_\_\_\_\_  
(Phone / Fax)

**Parent AUTHORIZATION**

\_\_\_\_\_  
(Parent/Guardian Signature)  
\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Relationship to Student)  
\_\_\_\_\_  
(Reason for Release of Records/Information)

This is to acknowledge that the identified records/information above have been released as per request on

\_\_\_\_\_ by \_\_\_\_\_  
(Date) (Signature of School Representative)