



**St. Bernard Regional Catholic School**

*A Pennsylvania Charitable Trust*

300 Clairvaux Drive  
Indiana, PA 15701  
(724) 465-7139

**PARENTAL PERMISSION TO REQUEST AND/OR RELEASE SCHOOL RECORDS**

Name of Student: \_\_\_\_\_  
Student Date of Birth: \_\_\_\_\_  
Current School Attending: \_\_\_\_\_

I hereby authorize St. Bernard Regional Catholic School to request and/or release records relative to my children's previous educational experiences. The specific records which I am requesting should be released and/or forwarded to the address below:

**Parent: Please leave address section below blank.  
This section will be filled out by our staff.**

Mrs. Denise Swope, Principal  
St. Bernard Regional Catholic School  
300 Clairvaux Drive  
Indiana, PA 15701

Parent/Guardian please sign and date below:

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

**RECORDS REQUESTED:**

- \_\_\_\_\_ Attendance Data
- \_\_\_\_\_ Report Cards (Past and Current)
- \_\_\_\_\_ Group Aptitude and Achievement Testing
- \_\_\_\_\_ Health, Medical and Dental Records
- \_\_\_\_\_ Personal History
- \_\_\_\_\_ Psychological Reports
- \_\_\_\_\_ Psychiatric Evaluations
- \_\_\_\_\_ Special Education Due Process Papers and IEP
- \_\_\_\_\_ Speech and Language Evaluations
- \_\_\_\_\_ Instructional Support Plans and Summaries
- \_\_\_\_\_ Others: (Specific reports, e.g., Occupational and Physical Therapists, Neurological Evaluations, etc. known by parents to be available) Please list