

PARISH CENTER  
1001 NORTH J ST.  
TACOMA, WA 98403  
PHONE: 253-383-2783  
PARISH@SAINTPATS.ORG  
WWW.SAINTPATS.ORG



SCHOOL OFFICE  
1112 NORTH G ST.  
TACOMA, WA 98403  
PHONE: 253-272-2297  
SCHOOL@SAINTPATS.ORG  
WWW.SAINTPATS.ORG

## REQUEST FOR SCHOOL RECORDS

We are considering the following student for admission. Please fax complete records to (253) 383-2003 or email to [kbucholz@saintpats.org](mailto:kbucholz@saintpats.org).

Student \_\_\_\_\_

Date of birth: \_\_\_\_\_ Entering grade: \_\_\_\_\_

Previous School \_\_\_\_\_

School Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

School Phone \_\_\_\_\_ School Fax \_\_\_\_\_

**PARENT RELEASE:** I authorize the release and/or exchange of pertinent information regarding the above-named student between you and St. Patrick Catholic School. The information to be released may include standard records (grades, standardized test scores, attendance records, etc.), administrative records (recommendations, correspondence, etc.), and other records (discipline, psychological evaluations, etc.).

I understand that the information obtained will be treated in a confidential manner and will not be transmitted to a third party without my permission. I also understand that it is my right to request a copy of all information and contest any information I feel is incorrect. I authorize the principal and/or teacher at the school listed above to speak to the principal and/or teacher at St. Patrick Catholic School regarding the enrollment of my child.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Date

Your prompt attention to this request will be appreciated. Thank you.