



SAINT COLUMBKILLE

PARTNERSHIP SCHOOL

25 Arlington Street • Brighton, MA 02135 • 617-254-3110 • FAX: 617-254-3161 • admissions@steps.org

Release of Records Request

Student name: _____ Date of Birth: _____ \ _____ \ _____

Saint Columbkille Partnership School requests that you send all pertinent information, including:

- Academic evaluations and grade reports
- Record of attendance
- Record of discipline
- Record of core evaluations (IEP, 504 Plan)
- Health records

As the parent/guardian of the student named above, I give my consent for the above information to be sent to:

Saint Columbkille Partnership School
Attn: Admissions/Carol Cashman
25 Arlington Street
Brighton, MA 02135

Additionally, I give my permission for school officials to share information requested by Saint Columbkille Partnership School.

I am requesting that records be sent from the following school:

School Name: _____

School Address: _____

School Phone: _____

School Fax: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____