

**St. Athanasius School**  
**6120 Bay Parkway**  
**Brooklyn, NY 11204**

*Accredited by the Middle States Association of Colleges and Schools*

*Telephone (718) 236-4791*

*Fax (718) 621-1423*

**Parental Request for Release of Records**

I, \_\_\_\_\_  
Print Full Name of Parent or Legal Guardian

am applying for \_\_\_\_\_ to attend  
Print Full Name of Child

Saint Athanasius School. I hereby request that all records, including health forms report cards, front and back, teacher's notes, educational evaluations (E1, 2 & 3) including all tests administered, IEP, related services, evaluations and reports, and all standardized testing scores and modifications made be sent to:

Saint Athanasius School  
6120 Bay Parkway  
Brooklyn, NY 11204

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date