



## Request for Records

Pursuant to the Family Education Rights and Privacy Act of 1974, which requires consent for the release of information outside the school, I hereby give consent for the release of academic, physical, and psychological records. A copy of the materials received will be provided upon request.

*The records requested are for **interview purposes ONLY**. Please do not dis-enroll student from your school as a result of this request.*

Student's Full Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Grade \_\_\_\_\_

School Last Attended \_\_\_\_\_

Address \_\_\_\_\_

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

\_\_\_\_\_  
Signed (Parent or Guardian)

Please forward all schools records to:

**Catholic Schools of Fairbanks**

615 Monroe Street  
Fairbanks, AK 99701-2937  
(907) 313-3062  
FAX (907) 452-5978  
info@catholic-schools.org  
www.catholic-schools.org