



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) 456-4574
FAX (907) 452-5978
info@catholic-schools.org
www.catholic-schools.org