



Patrick Henry Downtown Academy

STUDENT RECORD RELEASE

DATE: _____

I authorize (school) _____ to release the following information for:

Student: _____ DOB: _____ Grade _____

PRINT Parent/Guardian Name	Address
SIGNATURE Parent/Guardian Name	Telephone Number

- Report Card/Progress Reports
 - Standardized Test Scores
 - Medical/Health Records/Immunization Records
 - Special Education Records – IEP, Evaluation, other records
 - 504 Plan
 - Copy of Birth Certificate
 - Attendance
 - Discipline Record
 - Parent/School Communication Log or Record
 - Any records pertaining to guardianship, parental custody, foster parents, hotline/child abuse, or homelessness
 - Other: _____
- SCHOOL NUMBER: _____
 SCHOOL FAX: _____
 SCHOOL EMAIL: _____
 SCHOOL CONTACT: _____

Thank you for your prompt response!

Patrick Henry Downtown Academy/St. Louis Public Schools

1220 North 10th St. | St. Louis, MO 63106 | Phone: 314-231-7284 | Fax: 314-244-1796