



Record Release Form

I hereby authorize _____
Name of School

Address, City, State and Zip

to release the indicated records for _____
Student Name

To: St. James Academy
Shalee Morris, Administrative Assistant
24505 Prairie Star Parkway
Lenexa, KS 66227
(913-254-4221 FAX)

Please send all academic records, including Transcript of Grades, Health and Attendance Records, Standardized Test Scores and IEP and/or Special Services Records, if applicable

Parent/Guardian Signature

Date