1st - 8th
Only

DIOCESE OF ROCKFORD

PARENTAL AUTHORIZATION FOR STUDENT REQUEST/RELEASE RECORD

I, _____, hereby authorize

_____
School Name Address City/State

to REQUEST/RELEASE the following record of my child:

_____
First Middle Last Name

in _____ grade.

Biographical Information (name, address, age, gender, parents)
Academic Records
Attendance Record
Accident Reports
Health Records
Sacramental Record
Other: (Specifically what is requested and reason):
_____

to: _____
School/or other

_____
Street City Zip

_____ Date: _____
Signature of parent/legal guardian

_____
Street City Zip

(_____)_____
Telephone

9/95