

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