



**ST. VINCENT  
DE PAUL**  
CATHOLIC SCHOOL

**AUTHORIZATION FOR RELEASE OF STUDENT RECORDS**

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_ has enrolled in the \_\_\_\_\_ grade at  
Name of Student

St. Vincent de Paul School.

I give my permission for St. Vincent de Paul School to secure/disclose the following information:

- copy of birth certificate
- copy of baptismal certificate
- transcript of grades
- health and medical records
- test scores
- psychological reports
- social developmental reports
- speech and language reports
- occupational therapy reports
- verbal exchange of information

**PARENT/GUARDIAN CONSENT:**

I give my consent to \_\_\_\_\_  
Previous School

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

to send/disclose the above information regarding my child to:

St. Vincent de Paul School  
 Attention: School Secretary  
 6001 N. University St.  
 Peoria, IL 61614

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**For Office Use Only:**

Student registered by: \_\_\_\_\_

Date release sent: \_\_\_\_\_

Date records received/sent: \_\_\_\_\_

Birth Certificate received: \_\_\_\_\_