



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 Catholic School.

I give my permission for St. Vincent de Paul Catholic 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 Catholic 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: _____