



ST. PAUL CATHOLIC HIGH SCHOOL

1001 STAFFORD AVENUE, BRISTOL, CT 06010
(860) 584-0911 FAX (860) 585-8815 www.spchs.com

AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION

Student's Name: _____

I hereby authorize the release of copies of the school records of _____
(Student Name)

including grades, health records, and any other developmental information to St. Paul Catholic High School.

I also authorize the president, principal, or pastor of _____
(Current School)

to contact the president, principal, or pastor of any other school, religious, private, or public, that

_____ has attended, and discuss with such individual the application of
(Student Name)

_____, along with any other matters relating to
(Student Name)

_____ 's enrollment at _____
(Student Name) (Current School)

that may be relevant to his/her application to and attendance at St. Paul Catholic High School.

I understand that information concerning tuition payment history may be provided.

I release all persons, companies and corporations supplying such information from and against any and all liability which might result from furnishing or receiving such information.

Signed _____ Date _____
(Parent/Legal Guardian)