

ST. PAUL CATHOLIC HIGH SCHOOL

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 including Section 504 Plan, IEP or

Individualized Catholic Education Plan to St. Paul Catholic High School.

I also authorize school administration of St. Paul Catholic High 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)