

DIOCESE OF ROCKFORD
PARENTAL AUTHORIZATION FOR STUDENT REQUEST/RELEASE
RECORD



I, _____, hereby authorize

School Name School Address City/State/Zip

to REQUEST/RELEASE the following record of my child:

First Middle Last Name

Date of Birth Grade entering for school year

- Biographical Information (name, address, age, gender, parents)
- Academic Record
- Attendance Record
- Accident Reports
- Health Record
- Sacramental Record
- Test Data and Comments Helpful to Teachers in Placing This Student
- Other: (Specifically what is requested and reason)

To: **St. Peter Catholic School**
 915 Sard Avenue
 Aurora, IL 60506
 630-892-1283 Fax: 630-892-4836 e-mail: office@stpeterschoolaurora.org

Signature of Parent/Legal Guardian

Address City/State/Zip

Telephone

Requested _____

Received _____

Revised: June 2015