



A foundation of faith and excellence.

St. Joan of Arc

CATHOLIC SCHOOL

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

DATE: _____

STUDENT NAME(S): _____

DOB: _____

STUDENT NAME(S): _____

DOB: _____

STUDENT NAME(S): _____

DOB: _____

THE UNDERSIGNED GIVES AUTHORITY TO:

PREVIOUS SCHOOL: _____

PREVIOUS SCHOOL ADDRESS: _____

PHONE OR FAX #: _____

TO RELEASE TO: ST. JOAN OF ARC SCHOOL, 22415 OVERLAKE , ST. CLAIR SHORES, MI

Any pertinent information and files concerning the above-named individual: (medical records, education information, psychological, psychiatric and special education).

Legal Responsible Adult Signature - Relationship

Date