



A foundation of faith and excellence.

St. Joan of Arc

CATHOLIC SCHOOL

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

DATE: _____

RE: _____ BIRTH DATE: _____

ENTERING GRADE _____

THE UNDERSIGNED GIVES AUTHORITY TO THE FOLLOWING SCHOOL(S)

TO RELEASE ALL PERTINENT INFORMATION (MEDICAL, CA60 FILE, EDUCATIONAL, PSYCHOLOGICAL, PSYCHIATRIC AND SPECIAL EDUCATION RECORDS) CONCERNING THE ABOVE-NAMED INDIVIDUAL.

RELEASE TO: ST. JOAN OF ARC SCHOOL
22415 OVERLAKE
ST. CLAIR SHORES, MI. 48080
PHONE: 586-775-8370
FAX: 586-447-3574

Legal Responsible Adult Signature

DATE

RELATIONSHIP TO CHILD _____