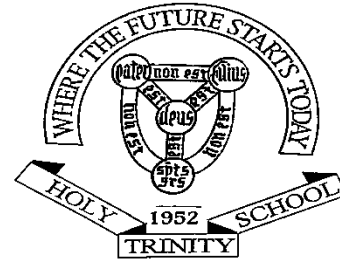


Holy Trinity School

20 Springside Ave.
Poughkeepsie, NY 12603
845-471-0520
Fax: 845-471-0309



Release of Records Request from:

Name of School _____

Address _____

Telephone Number _____

I hereby verify the fact that I as parent or legal guardian of _____
(Print Student Name)

Have requested the release of the following information concerning my child:

Academic Records _____

Results of Standardized Tests _____

Health Records _____

Psychological Evaluation _____

Parent Signature _____ Date _____