

DIOCESE OF ROCKFORD

PARENTAL AUTHORIZATION FOR STUDENT REQUEST/RELEASE RECORD

I, \_\_\_\_\_, hereby authorize

\_\_\_\_\_  
School Name Address City/State

to REQUEST/RELEASE the following record of my child:

\_\_\_\_\_  
First Middle Last Name

in \_\_\_\_\_ grade.

- Biographical Information (name, address, age, gender, parents)
- Academic Records
- Attendance Record
- Accident Reports
- Health Records
- Sacramental Record
- Other: (Specifically what is requested and reason):

to: St. Catherine of Siena School  
School/or other

845 W. Main Street, W. Dundee, IL 60118  
Street City Zip

(pA) 847-426-4808  
FAX 847-426-0437

Date: \_\_\_\_\_

Signature of parent/legal guardian

\_\_\_\_\_  
Street City Zip

( ) \_\_\_\_\_  
Telephone