



ST. ANNE
CATHOLIC SCHOOL

AUTHORIZATION TO RELEASE INFORMATION

(Please give to current school)

AUTHORIZATION IS HEREBY GRANTED TO:

Name of school sending information to St. Anne Catholic School

TO RELEASE INFORMATION FROM THE SOCIAL/PSYCHOLOGICAL/MEDICAL/EDUCATIONAL RECORDS OF:

Name of student

Current Grade

PLEASE SEND TO ST. ANNE CATHOLIC SCHOOL (ADDRESS BELOW):

- Complete transcript of grades (including entry/exit dates)
- Current year grades with exit grades
- Attendance records
- Conduct grades
- Achievement and ability test results
- Key to grading system

Authorized signature of parent/guardian

Date

Printed name of parent/guardian

ST. ANNE CATHOLIC SCHOOL
ATTENTION: ADMISSIONS