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**Release of Records**

*Queen of Angels Regional Catholic School  
401 N Easton Road  
Willow Grove, PA 19090  
Phone: 215-659-6393  
Fax #: 215-659-6377*

\_\_\_\_\_  
(Present School)

\_\_\_\_\_  
(Child's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Grade – Teacher)

\_\_\_\_\_  
(State, Zip)

\_\_\_\_\_  
(Date)

( ) \_\_\_\_\_  
Phone

The parents/guardian of \_\_\_\_\_ have enrolled their child in Queen of Angels Regional Catholic School. Please be kind enough to forward all scholastic, discipline, and medical records to our school.

Sincerely,

*S. Mary C. Chapman, IHM, Ed.D.*

Sister Mary C. Chapman, IHM, Ed.D.

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I give my permission for you to release any scholastic, discipline, and medical records of my child to Queen of Angels Regional Catholic School.

\_\_\_\_\_  
(Parent Signature)

Date \_\_\_\_\_