



OUR LADY of the LAKE SCHOOL

CONNECTING *on a* HIGHER LEVEL

Date _____

Dear Mr. Ronquillo,

I hereby give permission to Our Lady of the Lake School to release all records, including health records, scholastic transcript of grades as well as neurological, psychological and learning disability information for:

Child's Name

Grade

Reason for Release/Transfer:

Name and address of school to be attending:

If relocating, address of new residence:

Phone Number: _____

Parent Signature/Date