



St. Hubert Catholic School

255 Flagstaff Ln, Hoffman Estates IL 60169

Ph: 847-885-7702 / Fax: 847-885-0604

Mrs. Julie Martin, Principal

Ms. Stephanie Wizniak, Assistant Principal

office@sthubertschool.org



AUTHORIZATION FOR RELEASE OF INFORMATION

I HEREBY AUTHORIZE:

NAME OF SCHOOL_____

ADDRESS_____

CITY_____ STATE_____

ZIP CODE_____ PHONE #_____

To release information regarding my child to:

ST. HUBERT SCHOOL

Attn: Trish Nelli

255 Flagstaff Lane

Hoffman Estates IL 60169

This information includes the health, attendance records, cumulative records, tests, grades, and credits; and also any psychological or special education records, if applicable, in order to have the proper placement for the student listed below.

Student's Name (please print)

Date of Birth

Registering for Grade

SIGNED _____ Relationship to Student _____

Date _____

This lower portion is for the St. Hubert School Office only: **DATE SENT:** _____

GRADE _____ DOB _____ Fax # _____

Date CUM Received: _____ Email _____

Date Health Records Received _____ USPS _____