

AUTHORIZATION FOR RELEASE OF INFORMATION

TO:_____

The student listed below has enrolled at St. Joseph Regional School.

Name:_____

Grade:_____

The parent/guardian of this student requests that the following records be sent to the above address:

- Complete transcript
- Most recent Report Card
- Standardized Test Results
- Health/Immunization Record
- Attendance Record
- Discipline Record
- ➢ CSE Information
- Psychological Reports (IEP, 504)

Parent/Guardian Signature

Thank you for your assistance.

Karen L. Green St. Joseph Regional School Principal Date