



DIOCESE OF ROCKFORD
PARENTAL AUTHORIZATION FOR REQUEST/RELEASE OF STUDENT RECORDS

I, _____, hereby authorize

School Name Address City/State

to RELEASE the following record of my child:

First Middle Last Name

in _____ grade.

- Biographical Information (name, address, age, gender, parents)
- Academic Records
- Attendance Records
- Accident Reports
- Health Records
- Sacramental Record
- Other: (Specify what is requested and reason):

to: St. Mary School
School/or other

210 Gurler Rd DeKalb, IL 60115
Street City State Zip

Signature of Parent/Legal Guardian Date: _____

Current Address: City State Zip

(____) _____
Telephone No.: