



Diocese of Rockford
Parental Authorization for Student Request/Release of Records

I hereby authorize _____
(Current school)

(Street) (City) (State) (Zip)

to request/release the following records of my child:

(First) (Middle) (Last) in grade _____.

- Academic Records
- Psychological Referrals and Evaluations
- Standardized Tests
- Birth Certificate
- Health Records
- Sacramental Records
- Other (Specify) _____

To: St. Mary School
103 S. Gifford Street
Elgin, IL 60120

(Signature of Parent/Legal Guardian) (Date)

(Street) (City) (State) (Zip)

(Telephone)