Diocese of Rockford
Parental Authorization for Student Request/Release Record

I, _____, hereby authorize

_____

School Name Address City/State to REQUEST/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
- Sacramental Records

Records should be released to School/or other:
St. Mary Catholic School
103 S. Gifford Street Elgin, IL 60120
St. Mary School Administrative Assistant
schoolsec@stmaryelgin.org
Phone 847-695-6609 ext. 22
Fax 847-695-6623

By signing this form, I acknowledge that I have the legal authority to authorize this release, and I understand that:

- This authorization complies with the Illinois School Student Records Act (105 ILCS 10/1 et seq.) and FERPA (20 U.S.C. § 1232g).
- This consent is valid for one year from the date of signing, unless revoked in writing.
- The recipient of these records may not disclose them without my further written consent unless allowed by law.

Date: _____

_____

Signature of Parent/Legal Guardian