

PARENT PERMISSION FOR RELEASE OF RECORDS

I, \_\_\_\_\_, hereby give my permission for the following school records (Transcript, Cumulative Record, Health Record, Test Scores, Psychological Testing and or Social Worker Reports) for my child/children, to be sent to the Institution requesting records listed below.

<u>Child's Name(s)</u>	<u>Birthdate</u>	<u>Grade last attended</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FROM:

Former School: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SEND TO:

St. Joseph Parish School  
2675 Third Street  
Trenton, MI 48183  
(734) 676-2565

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_