



PERMISSION TO RELEASE STUDENT RECORDS TO

Saint Joseph School

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*name of student*

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*current grade*

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*date of birth*

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*name of student's current school*

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*phone number*

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*street address of current school*

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*town*

*state*

*zip*

I give my permission to release all my child's school records, including teacher reports, all testing results, medical and psychological evaluations, Individual Educational Plans and any other pertinent information, to Saint Joseph School. In addition, I grant permission to the administration/teachers from both schools to communicate verbally concerning the above-named student.

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signature of parent or guardian

date