

DIOCESE OF ROCKFORD and Holy Cross Catholic School

PARENTAL AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

I, _____, hereby authorize

School Name

Address

City/State/Zip

to RELEASE the following records of my child:

First Name

Middle Name

Last Name

In _____ grade.

*Biographical Information (name, address, age, gender, parents)

*Academic Records

*Attendance Records

*Health Records

*Sacramental Records

*Letter of Good Standing: Behavior

*Standardized Test Results: ISAT/ITBS/TERRA NOVA, etc.

To Be Sent To: HOLY CROSS CATHOLIC SCHOOL

2300 MAIN STREET

BATAVIA, ILLINOIS 60510

Phone (630) 593-5290 Fax (630) 593-5289

Signature of Parent/Legal Guardian

Date

Current Address and Phone Number: