

**DIOCESE OF GRAND RAPIDS
OFFICE OF CATHOLIC SCHOOLS**

REQUEST FOR RELEASE OF RECORDS

I authorize _____

(Name of Current School)

(Current School Address)

(City/State/Zip)

(Telephone)

(Fax)

to release the student records described in the Student Records Release Policy regarding:

| Student Legal Name | Grade Entering | Birthdate |
|--------------------|----------------|-----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Please forward the records to:

St. Patrick School
122 West Street
Portland MI 48875
Telephone: (517) 647-7551



I certify that I am the (check one) custodial parent legal guardian of the minor child named above and I agree to the above terms for myself and my minor child.

Print Parent/Guardian Name

Parent/Guardian Signature

Date

Student Records Release Policy

Upon receipt of a records request from another school to which a student has applied for admission or which a former student is attending, all academic records and documented behavioral records will be forwarded to the requesting school. Student records will not be released until a request for records form signed has been received.