

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)

(Phone)

(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:

Saint Patrick School
122 West Street
Portland, Michigan 48875
Phone: (517)647-7551



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

Print Parent/Guardian Name Parent/Guardian Signature Date

Student Record 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.