DIOCESE OF GRAND RAPIDS Office of Catholic Schools

REQUEST FOR RELEASE OF RECORDS

(Current School Address) (City/State/ZIP) (Phone) - 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 authorize				
(City/State/ZIP) (Phone) (Pax) - 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		(Name of Current School)			
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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	- to release the studer		n the Student Records Re	elease Policy R	egarding:
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	Student 1	Legal Name	Grade Entering	Birthdate:	
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					
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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	Please forward the re	ecords to:			*
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I certify that I am the (check one) custodial parent legal guardian of the minor		i none. (c	717/047-7331		
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.	I certify that I am the child(ren) named above	(check one) ve and I agree to the a	custodial parentabove terms for myself a	_ legal guardiannd my minor ch	n of the minor nild.
rint Parent/Guardian Name Parent/Guardian Signature Date	rint Parent/Guardian 1	Name	Parent/Guardian Signa	ature	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.