



Margie Marshall, Principal

RECORD RELEASE REQUEST

Student Name

Birthdate

Current Address

Telephone

School Releasing Information

School Obtaining Information

All Saints Catholic Academy
1155 Aurora Avenue
Naperville, IL 60540

Type of Material (please check all that apply – please include all health records)

___ Standard Educational Record

___ Vision/Hearing Tests

___ Psychological Report (if available)

___ Medical Treatment

___ Educational Evaluation Reports

___ School Physical Records

___ Special Education Placement Forms

___ Other

I hereby authorize _____ to release any and all records pertaining to the above named student to All Saints Catholic Academy.

Date

Signature of Parent/Guardian