AUTHORIZATION AND RELEASE

I/we, parents of __________ [name of student/s], hereby authorize any school previously attended by our child, __________________________, including but not limited to any school denominated as a Catholic School by and/or under the vigilance of the Archbishop of the Archdiocese of New Orleans pursuant to Canon Law of the Roman Catholic Church and which my/our child has attended in the past, to send a copy of any and all school records, including but not limited to any and all transcripts, standardized test scores, attendance records, special-education records, disciplinary records, financial records in regard to payments of fees and/or tuition, and/or any and all other educational and/or social or informational records, of __________________________ [student/s] to __________________________ School. The foregoing authorization also applies in the event that __________________________ School, which is the school authorized to receive the foregoing records, receives an inquiry in the future from any other Catholic School as described above for records and/or information; and, in that event, __________________________ School is then authorized to send such records and/or information to the requesting Catholic School. Further, in consideration of the sending and receipt of such records any related consideration, I hereby agree to release, defend, indemnify and hold harmless the owners of and/or any such schools that send and/or receive the aforementioned records, The Roman Catholic Church of the Archdiocese of New Orleans, their members, directors, officers, administrators, principals, teachers, employees, agents and/or representatives and the Archbishop, bishops and all clergy of the Archdiocese of New Orleans, from any and all claims, demands and/or causes of action arising from the sending and/or receipt of the aforementioned records and/or from the content of such records.

____________________________       __________________________
Signature of Parent or Guardian       Date

____________________________       __________________________
Signature of Parent or Guardian       Date