



221 Park Place
Libertyville, Illinois 60048
847.362.0730
www.sjscatholic.org

Permission for Release of Records

Student's Name _____ Date of Birth: _____

Records to be Released from:

Name of School: _____

Address: _____

Fax: _____ Phone: _____

_____ Academic Grades _____ Standardized Test Scores _____ Final Report Card

_____ Health Records/Current Medication Reports _____ Attendance Information

_____ All other Pertinent Academic Information, such as IEP's, ISP's, 504's, Speech,
Special Education/Social Work Testing

I further allow St. Joseph Catholic School to discuss with the agent, physician, or school above, issues relating to the appropriate educational planning of my child.

(Please send all information within ten days of the request.
The final report card should be sent by June 15.)

I hereby grant permission for the release of the above records.

Signature of Parent or Guardian

Date

