



PERMISSION TO RELEASE INFORMATION

Student: _____ Birthdate: _____

I HEREBY AUTHORIZE _____ TO SEND THE FOLLOWING INFORMATION TO:

All Saints Catholic School
139 West Rocks Road
Norwalk, CT 06851
(203) 847-3881

_____ TRANSCRIPT AND CUMULATIVE RECORD DATA

_____ STANDARDIZED TEST SCORES

_____ HEALTH RECORDS

_____ SPECIAL EDUCATION/STUDENT SERVICES RECORDS (I.E.P.,
P.P.T. MINUTES, PSYCHOLOGICAL, SOCIAL WORK,
SPEECH/HEARING)

_____ OTHER AS SPECIFIED: _____

(DATE)

(SIGNATURE)

(RELATIONSHIP TO STUDENT)

RECORDS WILL BE SENT AFTER ALL FINANCIAL OBLIGATIONS HAVE BEEN MET

THE INFORMATION REQUESTED WAS RELEASED ON: _____

(DATE)

BY: _____

PLEASE DROP THIS OFF AT YOUR CHILD'S CURRENT SCHOOL