



DIOCESE OF ROCKFORD
PARENTAL AUTHORIZATION FOR STUDENT REQUEST/RELEASE RECORD

I, _____, hereby authorize

School Name	Address	City/State
-------------	---------	------------

to REQUEST/RELEASE the following record of my child:

First	Middle	Last Name
-------	--------	-----------

in _____ grade.

- Biographical Information (name, address, age, gender, parents)
- Academic Records
- Attendance Records
- Accident Reports
- Health Records
- Sacramental Record
- Other: (Specify what is requested and reason):

to: _____

School/or other

Street	City	State	Zip
--------	------	-------	-----

_____ Date: _____

Signature of Parent/Legal Guardian

Current Address:	City	State	Zip
------------------	------	-------	-----

(_____) _____

Telephone No.: