



CONSENT FOR RELEASE OF RECORDS

The undersigned Parent or Guardian of the following students:

_____ Student's Name	_____ Grade
_____ Student's Name	_____ Grade
_____ Student's Name	_____ Grade

Gives permission to: _____
Name of School currently attending

Address

City State Zip

To release the transcript, cumulative folder, health records, and any other pertinent information to:

St. Joseph's School
780 County Highway Z
Hazel Green, WI 53811

Signature of Parent or Guardian

Date