



Request for Records

By my (our) signature below, I (we), as parent(s)/legal guardian(s) of

_____ whose date of birth is _____
(Name of student) (Date of Birth)

give permission to:

School/Individual	
Address	
City/State/Zip	

to release the following records of the above named student to Ss. Robert and William Catholic School.

- grades and academic records
- psychological assessments and records
- disciplinary records
- attendance records
- medical records
- testing results and/or evaluations

Signature of Parent/Guardian

Date

*To foster student success, Ss. Robert and William Catholic School
provides a nurturing environment focusing on
faith, academics, and service.*