



ST. VINCENT
DE PAUL
CATHOLIC SCHOOL

Mrs. Patsy Santen, Principal

Fr. James Pallardy, Pastor

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

Date: _____

Date of Birth: _____

_____ has enrolled in the _____ grade at
Name of Student

St. Vincent de Paul School.

I give my permission for St. Vincent de Paul School to secure the following information:

- | | |
|---------------------------------|----------------------------------|
| • copy of birth certificate | • psychological reports |
| • copy of baptismal certificate | • social developmental reports |
| • transcript of grades | • speech and language reports |
| • health and medical records | • occupational therapy reports |
| • test scores | • verbal exchange of information |

PARENT/GUARDIAN CONSENT:

I give my consent to _____
Previous School

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

to send the above information regarding my child to:

St. Vincent de Paul School
Attention: School Secretary
6001 N. University St.
Peoria, IL 61614

Signature of Parent/Guardian

Date

For Office Use Only:

Student registered by: _____

Date release sent: _____

Date records received: _____

Birth Certificate received: _____

Phone: 309-691-5012

Fax: 309-683-1036