



DIOCESE OF ROCKFORD
PARENTAL AUTHORIZATION FOR STUDENT REQUEST/RELEASE RECORD

I, _____, hereby authorize

School Name	Address	City/State
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to REQUEST/RELEASE the following record of my child:

First	Middle	Last Name
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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
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Signature of Parent/Legal Guardian

Date: _____

Current Address:	City	State	Zip
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(_____) _____

Telephone No.: