

RELEASE OF INFORMATION AUTHORIZATION

(Use one form per student per agency/school.)

Date: _____

This is to request/authorize your release of the records or exchange information on:

Name: _____ Date of Birth: _____ Grade: _____

The following are requested:

- | | |
|---|---|
| <input type="checkbox"/> Transcripts/Cumulative Records | <input type="checkbox"/> Special Education Records |
| <input type="checkbox"/> Health/Immunization Record | <input type="checkbox"/> Psychological Records |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Psychiatric/Counseling Information |
| <input type="checkbox"/> Medical Information | <input type="checkbox"/> Communication (verbal, e-mail, etc.) |
| <input type="checkbox"/> Athletic Physical | <input type="checkbox"/> Grading & Credit System |
| <input type="checkbox"/> Attendance/Discipline Records | <input type="checkbox"/> Other _____ |

Please send information to:

- | | |
|--|---|
| <input type="checkbox"/> O'Gorman Jr. High
3100 W. 41st St. 57105 | <input type="checkbox"/> O'Gorman High School
3201 S. Kiwanis Ave. 57105 |
| <input type="checkbox"/> St. Mary School
2001 S. Fifth 57105 | <input type="checkbox"/> Christ the King School
1801 S. Lake 57105 |
| <input type="checkbox"/> Holy Spirit School
4309 S. Bahnson 57103 | <input type="checkbox"/> St. Michael
1610 S. Marion Rd 57106 |
| | <input type="checkbox"/> St. Lambert School
1000 S. Bahnson 57103 |
| | <input type="checkbox"/> St. Katharine Drexel
1800 S. Katie Ave. 57106 |

Records requested from:

AGENCY/SCHOOL _____

STREET ADDRESS _____

CITY/STATE/ZIP _____

PHONE & E-MAIL _____

SIGNATURES REQUIRED:

Student: _____

Parent/Guardian: _____

School Rep: _____

Present Address: _____

Position: _____

City/State/Zip: _____

Date: _____