

Student's Name: _____

St. Agnes Catholic Academy

122 Harbor Drive Key Biscayne, Florida 33149 Tel: 305-361-3245

Date of Birth: _____

Fax: 305-361-6329

RELEASE OF RECORDS AUTHORIZATION

(Please print) Firs	st Middle I	_ast	Entering Gra	de:	
The following records are to be rele Transcript of scholastic grades Standardized test scores Attendance record Psycho-Educational evaluation Discipline reports (Miami-Dad	s and the r ns or diagn e County I	marking syste ostic evaluat Public Schoo	em used ions ls) or computeriz	ed discipline repo	
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Address	City	State	Zip Code	Country	
I hereby grant permission for the reaccess to confidential evaluation management of the confidence of the reaccess to confidential evaluation management of the confidence of					
Parent or Guardian Signature				Date	

"JOY is our call to action: Jesus first, Others second, Yourself last."