



CONSENT FORM FOR RELEASE OF RECORDS

I authorize the release of academic records for my child.

Name of Student: _____ Grade: _____

Home Address: _____

Records are to be released to:

School Name: _____

School Address: _____

I understand that the recipient of the records will use the materials for legitimate interests only and that the information contained therein shall not be further transferred or communicated to any other party or agency without my written consent, except under authority of Public Law 92-380, Educational Rights and Privacy Act.

St. Joseph School reserves the right to refuse to provide any official school record, including progress reports and diplomas, to a parent/guardian or educational institution until all tuition, fees, and other obligations to St. Joseph School are satisfied in full.

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____

Date: _____

-----Form Continues on Back-----

Referral Form Information:

Please circle which method teachers will be completing the referral forms*

Online

or

Paper

****Please note that if the referral is to be completed on paper, the copies of the referral form must be attached with this form as well as the transcript fee***

Current English Language Arts Teacher: _____

Current Math Teacher: _____

****All referral forms will be completed by their current English Language Arts teacher and current Math teacher****

Additional Notes:

All necessary paperwork for transcripts will be sent to indicated school by the school's due date when the form is received by November 20th. If received after November 20th, it will be processed within 3 weeks.