

## **Parent Authorization for Release of School Records**

Date:	
	rolled in Holy Rosary Catholic School. You are loly Rosary Catholic School at the address
STUDENT	GRADE
STUDENT	GRADE
STUDENT	GRADE
Please include: health records, report cards, test results, IEP's, and any other pertinent	
information.	
Carina VanPelt  Holy Rosary Catholic School Principal  I acknowledge notification of this transfer of records is required by the Family Education Rights, and Privacy Act of 1974, and understand that I have a right to receive a copy at my own expense, if requested, and have an opportunity for a hearing to challenge the content of the records. I understand that the information transferred will be treated in a confidential manner and will not be transmitted to a third party without my consent.	
Parent/Legal Guardian	Name, Address, Phone & Fax of Previous School:
Current Address	
City, State, Zip	

