

## Authorization for Release of Confidential Information

Date:

Student Name:

Birth Date:

**Entering Grade:** 

The undersigned gives authority to the following school(s) to release all pertinent information (medical, CA-60 student file, educational, psychological, psychiatric and special education records) concerning the above-named individual.

School Name:

Please release records to:

St. Joan of Arc Catholic School 22415 Overlake St. Clair Shores, MI 48080 Phone (586) 775-8370 info@stjoan.net

Legal Guardian Adult Signature:

Relationship to Student:

Date:

## St. Joan of Arc School Mission Statement

A Foundation of Faith and Excellence

As a Catholic community rooted in the teachings of Jesus Christ, St. Joan of Arc School proclaims its mission to lead students in knowing God and the Gospel, through prayer, worship, study, and service. As a professional learning community, we promote the highest academic standards of achievement, according to each student's unique abilities and needs.