

**DIOCESE OF ROCKFORD and Holy Cross Catholic School**

**PARENTAL AUTHORIZATION FOR RELEASE OF STUDENT RECORDS**

I, \_\_\_\_\_, hereby authorize

School Name

Address

City/State/Zip

\_\_\_\_\_

to RELEASE the following records of my child:

First Name

Middle Name

Last Name

\_\_\_\_\_

In \_\_\_\_\_ grade.

\*Biographical Information (name, address, age, gender, parents)

\*Academic Records

\*Attendance Records

\*Health Records

\*Sacramental Records

\*Letter of Good Standing: Behavior

\*Standardized Test Results: ISAT/ITBS/TERRA NOVA, etc.

**To Be Sent To: HOLY CROSS CATHOLIC SCHOOL**

**2300 MAIN STREET**

**BATAVIA, ILLINOIS 60510**

Phone (630) 593-5290 Fax (630) 593-5289

Signature of Parent/Legal Guardian

Date

\_\_\_\_\_

Current Address and Phone Number:

\_\_\_\_\_  
\_\_\_\_\_