



ST. CLETUS
CATHOLIC SCHOOL

Authorization and Release

I/we the parents/guardians of _____, ("my child") understand that evaluation of prior school records, where applicable is a mandatory part of the assessment process, and I/we hereby authorize any school previously attended by my child, whether denominated as a Catholic School or otherwise, to communicate with and to send St. Cletus Catholic School a copy of any and all of my child's school records, including but not limited to any academic, attendance, disciplinary records, financial records in regards to payment of tuition and fees, other social and/or informational records. This authorization also applies to authorize St. Cletus Catholic School to communicate with and to provide its school records as described above in response to any future request St. Cletus Catholic School may receive to any other requesting Catholic School operating within the geographic region of the Archdiocese of New Orleans.

Further in consideration of either the sending and receiving records , I/we hereby agree to release, defend, indemnify and hold harmless the owners of any such schools that send and/or receive the aforementioned records, the Roman Catholic Church of the Archdiocese of New Orleans, their members directors, officers, administrators, principals, teachers, employees, agents and/or representatives and the Archbishop, bishops and all clergy of the Archdiocese of New Orleans from any and all claims, demand and/or causes of action arising from the sending and/or receipt of the aforementioned records and/or from the content of such records.

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date