



St. Cecilia School

A Christ-Centered Community Committed to Academic Excellence

Saint Cecilia School
525 Rhawn Street
Philadelphia, PA 19111

REQUEST TO RELEASE RECORDS

To: _____ Date: _____
(Name of Present of School)

(Address)

The following student/s have enrolled or applied for enrollment in our school:

<u>NAME</u>	<u>DATE OF BIRTH</u>	<u>GRADE</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Please send us a copy of all scholastic records as soon as possible.

Thank you,

Sister Catherine Irene Masino, IHM

Sister Catherine Irene Masino, IHM
Principal

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I hereby authorize and request you to release the school records including any test results and health records of my child/ren, _____
to Saint Cecilia School.

Signature of Parent/Guardian

Date