Saint Pius X Catholic School

52553 Fir Road • Granger, IN 46530 • 574-272-4935 (phone) • 574-855-5400 (fax) • www.stpiuscatholicschool.net

AUTHORIZATION FOR RELEASE OF INFORMATION

Today's D <mark>ate:_</mark>	13/2	Student's Name:	
Date of Birth:_		Current Grade:	
I authorize the School:	e following agen	ncy to release all records concerning the student named above to Saint	t Pius X Catholic
Agency Holdin	g Records:		
Street Address	S:		
City, State, Zip	;		
Phone and/or	Fax:		
Items requeste	Medical Recor Individual Edu Psychological Social Work re Behavior/Disc Diagnosis or to Teacher and/of Family backgre Verbal/writter Any and all oth If Grade 6-8, p	ge Form ords such as grades and standardized test scores ords ucation Plan(including those for communication disorders) reports and Psychiatric evaluations eports cipline Records reatment of alcoholism and/or drug abuse or counselor observations, ratings and recommendations cound data in communications	
Parent Signatu	ire		
The nurnose o	f this release is	for new enrollment and should be sent to the attention of	

The purpose of this release is for new enrollment and should be sent to the attention of

Kristie Sandor (ksandor@stpius.net)
Saint Pius X Catholic School
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Granger, IN 46530
574-272-4935 ext 113 (fax) 574-855-5400

*According to the Final Regulations—Family Educational Rights and Privacy Act (Buckley Amendment) dated June 17, 1976, it is no longer necessary to obtain written consent to release records between schools. It states that school officials in the school systems in which the student may intend to enroll may receive a student's record without a written consent for such release.