



St. Anne Catholic Grade School Authorization for Release of Records

Date: _____

To:

Previous School/Preschool

Address

City, State, Zip

Please forward the complete academic records, special services, psychological, and health records of:

Student Name: _____ Birth Date: _____ Present Grade: _____

Student Name: _____ Birth Date: _____ Present Grade: _____

Student Name: _____ Birth Date: _____ Present Grade: _____

Student Name: _____ Birth Date: _____ Present Grade: _____

Student Name: _____ Birth Date: _____ Present Grade: _____

Parent/Guardian: _____ (Printed Name) _____ (Signature) Date: _____

Please send student's Cumulative Records to:

Student Records
St. Anne Catholic Grade School
5920 Arden
Warren, MI 48092