

PLEASE SIGN AND RETURN TO THE SCHOOL OFFICE.

ALL SAINTS CATHOLIC SCHOOL  
4400 22<sup>nd</sup> Avenue  
Kenosha, WI 53140



**PARENTAL CONSENT FOR RELEASE OF RECORDS**

I hereby authorize All Saints Catholic School to release copies of pupil records for the following student(s).

**Name of Pupil** \_\_\_\_\_ **Name & Address of New School** \_\_\_\_\_

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

Release of the following records: Family information, attendance and health records, report cards, Iowa test results, transcripts from previous schools, and psychological test results.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date