



Records Release

- I authorize St. John Paul II School - High School Division to release records.
- I withdraw my child from St. John Paul II School - High School Division effective _____.

Student Name: _____

Current Address: _____

New Address: _____

(if applicable)

Please forward records to:

Receiving School: _____

Address: _____

Phone: _____ Fax: _____

The following records:

- Complete records
- Special education records
- Standardized test scores
- Attendance records
- Health records
- Psychological records
- Other _____

Signature of parent or guardian

Date

Email address

Phone number

School official signature

Date

Please forward signed form to Guidance Office. Thank you