

Student Records Request Transfer Student Release of Information Authorization



Prince of Peace Catholic School

Former School Name _____

City, State _____

Student(s) Name	Date of Birth	Grade	Send Records to:
_____	/ /	_____	<u>Prince of Peace Catholic School</u>
_____	/ /	_____	<u>Prince of Peace Catholic School</u>
_____	/ /	_____	<u>Prince of Peace Catholic School</u>
_____	/ /	_____	<u>Prince of Peace Catholic School</u>

I authorize the above listed school to release information regarding transcripts, educational programming, and behavioral services or programs for any of my children listed above to the Principal, Assistant Principal, and Counselor at Prince of Peace Catholic School.

I understand that I have the right to inspect the released information at any time. I may also revoke my consent by written notification. This authorization is valid for one year or until (date) _____; not to exceed 12 months. I will make a copy of this authorization if I so choose.

Signature

Date

Relationship to Student

The student's educational records include transcripts, attendance, grades to date, credits earned, counseling or psychological reports, IEP's, 504's, and any other information regarding educational programming. Please also include health and immunization records. Thank you.

Prince of Peace Catholic School
312 S 4th St
Clinton, IA 52732
563-242-1663
Fax: 563-243-8272

Office Use Only	
_____ Signature	_____ Date
_____ Title	Approved: Yes _____ No _____