



HOLY TRINITY PARISH SCHOOL

Clifton Campus

Release/Request of Records and Information

Today's Date: _____

This form, when completed by you and signed by you, authorizes Holy Trinity Parish School to release protected information from your child's school record to the person/s or organization you designate. It also authorizes us to request necessary records of students from transferring schools. This would include but is not limited to report cards, standardized testing, School Accommodation Plans, Psycho-educational assessments, health records, court documents, etc.). This document also gives permission for personnel at Holy Trinity Parish School to contact the organization/school listed below by phone or email to receive further information/data about the student.

Students Name: _____ DOB: _____

Students Name: _____ DOB: _____

Student Name: _____ DOB: _____

Name of Organization/School: _____

Address: _____

Phone: _____

Contact Name/Email: _____

Signature of Parent: _____ Date: _____