



SAINT ALOYSIUS PARISH SCHOOL

Faith ★ Tradition ★ Innovation ★ Excellence

RELEASE OF RECORDS

NAME OF RELEASING SCHOOL

MAILING ADDRESS

CITY, STATE, ZIP

PHONE NUMBER

FAX NUMBER

To whom it may concern:

The student named below has been enrolled in Saint Aloysius Parish School:

STUDENT NAME

GRADE

DATE OF BIRTH

Kindly forward the requested records:

**Saint Aloysius Parish School
844 N Keim Street
Pottstown, Pennsylvania 19464
Phone 610-326-6167
Fax 610-970-9960**

I hereby grant permission for the release of all academic, behavior, psychological, and health records to Saint Aloysius Parish School, Pottstown, Pennsylvania.

Also, please fax most recent standardized testing (ex. Terra Nova) to us upon receipt of records release.

SIGNATURE OF PARENT/GUARDIAN

DATE

PRINT NAME OF PARENT/GUARDIAN