



Name of School

Street Address

City

State

Zip

Phone

Child's Name

Birth Date

I authorize the release of the following information from your records for the above named child:

_____ Psychological

_____ Medical

_____ Educational

Parent/Guardian Signature

Date

Please send this information as soon as possible to:

St. Rose of Lima Catholic School

425 NE 105th Street

Miami Shores, FL 33138

Attn: Registrar