



Record Release Form

Student Name: _____

School attending: _____

Present Grade: _____

In compliance with state and federal laws, permission is required of a parent, legal guardian or eligible student before any records can be released to an outside agency, school, or college. In order to comply with the law, signature is required.

I hereby grant permission for release of the following documents:

- ___ health record
- ___ transfer card
- ___ transcript of grades
- ___ standardized test results
- ___ 766 records (if any)
- ___ other _____

Release to (name and address):

Our Lady of the Angels School
1220 Main Street,
Worcester MA 01603

Parent/Guardian Signature: _____ Date: _____

VOID

