



School attending: **Our Lady of the Angels School**

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):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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