

**DIOCESE OF GRAND RAPIDS  
OFFICE OF CATHOLIC SCHOOLS**

**REQUEST FOR RELEASE OF RECORDS**

I authorize \_\_\_\_\_

(Name of Current School)

\_\_\_\_\_  
(Current School Address)

\_\_\_\_\_  
(City/State/Zip)

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
(Fax)

to release the student records described in the Student Records Release Policy regarding:

Student Legal Name	Grade Entering	Birthdate
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please forward the records to:

St. Patrick School  
122 West Street  
Portland MI 48875  
Telephone: (517) 647-7551



I certify that I am the (check one)  custodial parent  legal guardian of the minor child named above and I agree to the above terms for myself and my minor child.

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Student Records Release Policy**

Upon receipt of a records request from another school to which a student has applied for admission or which a former student is attending, all academic records and documented behavioral records will be forwarded to the requesting school. Student records will not be released until a request for records form signed has been received.