



## **PERMISSION TO RELEASE RECORDS**

Please complete one form per child and check appropriate school

**SPRINGFIELD CATHOLIC HIGH SCHOOL**

2340 S Eastgate Ave

Springfield, MO 65809

417-887-8817; fax 417-865-5278

**IMMACULATE CONCEPTION**

**ELEMENTARY SCHOOL**

3555 S Fremont

Springfield, MO 65804

417-881-7000; fax 417-881-7087

**ST. AGNES CATHEDRAL SCHOOL**

531 S Jefferson Ave

Springfield, MO 65806

417-866-5038; fax 417-268-9129

**ST. ELIZABETH ANN SETON SCHOOL**

2200 W Republic Rd

Springfield, MO 65807

417-887-6056; fax 417-887-2189

### **SECTION 1 – AUTHORIZATION**

I hereby authorize \_\_\_\_\_  
Name of school, institution, or individual Area Code/Telephone #

\_\_\_\_\_  
Street Address City State Zip

to release to \_\_\_\_\_, at the address listed above, copies of the records  
Name of school enrolling in

listed in Section 2 for \_\_\_\_\_  
Name of Student Date of Birth

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

\_\_\_\_\_  
Date

### **SECTION 2 – RECORDS NEEDED (IF APPLICABLE)**

Immunization Records

Group Standardized Test Results

Health Records

Discipline & Behavioral Records

Learning Disabilities Test Results/Reports (IEP or IAP)

Transcripts

Attendance Records

Family Records (ex. birth certificate)

ADD/ADHD Diagnosis