



**RECORDS RELEASE FORM**

**STUDENT INFORMATION**

Student's Full Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

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**PARENT / GUARDIAN INFORMATION**

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Relationship to Children: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

**SCHOOL INFORMATION**

Grade Last Completed: \_\_\_\_\_ School Name: \_\_\_\_\_ School District \_\_\_\_\_

School Address: (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

**RELEASE AUTHORIZATION**

I hereby authorize the release of all records for the above named student(s) to Our Lady Academy. This release includes all academic records, health and immunization records, and all other confidential records pertaining to the above named student

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE MAIL ALL RECORDS TO:**

**OUR LADY ACADEMY  
P.O. BOX 73  
LAPEER, MI 48446**