## Holy Angels Parish School

720 Kensington Place • Aurora, IL 60506 • (630) 897-3613 • Fax (630) 897-8233

## **RECORDS REQUEST FORM**

Name of Applicant			
Present School:		Present Grade:	
Authorization for Releat privacy rights of parent records and information	use of Education Record: In accords and students, the undersigned has in the master file of the above na	d hand in with Student Application. dance with the general regulations regardiereby consent to the release of all education amed applicant to Holy Angels School.	
1,		, nereby authorize	
School Name	Address	City/State	
To REQUEST/RELEA	SE the following record of my ch	ild:	
First	Middle	Last Name	
in	grade.		
Acad Atter Accid Healt Sacra	raphical Information (name, addressed Records addressed Record dent Reports th Records amental Record r: (Specifically what is requested		
to: Holy Angels Ca	tholic School, 720 Kensingto	n Place, Aurora II, 60506	
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Signature of parent/lega	al guardian	Date:	
Street	City	Zip	
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Telephone			