

SAINT ISIDORE SCHOOL

603 W. Broad Street
Quakertown, PA 18951
Phone # 215-536-6052
Fax # 215-536-8647

REQUEST FOR RELEASE OF STUDENT RECORDS

My Child/Children _____
List Child/Children's Name

have been enrolled into St. Isidore School for the _____ school year.

I authorize _____
Name of School

Street Address

City, State, Zip Code

to release all official administrative records, health records, standardized test scores, teacher and counselor observations and ratings and confidential records (individually administered test results and psychological, psychiatric, and neurological reports).

Parent/Guardian's Signature

Date

