



RECORDS REQUEST

Name of School

Street Address

City

State

Zip

Phone

Child's Name

Birth Date

Please authorize the release of the following information from your records for the above named child:

_____ Psychological

_____ Medical

_____ Educational

Parent/Guardian Signature

Date

Please send this information as soon as possible to:

St. Rose of Lima Catholic School

425 NE 105th Street

Miami Shores, FL 33138

Attn: Registrar