



## RECORDS REQUEST

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Name of School

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Street Address

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City

State

Zip

Phone

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Child's Name

Birth Date

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

\_\_\_\_\_ Psychological

\_\_\_\_\_ Medical

\_\_\_\_\_ Educational

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Parent/Guardian Signature

Date

Please send this information as soon as possible to:

St. Rose of Lima Catholic School

425 NE 105<sup>th</sup> Street

Miami Shores, FL 33138

Attn: Registrar