

Authorization for Release of Records
Holy Angels School
82 Possum Park Road
Newark, DE. 19711

Date: _____

Dear _____
has accepted _____ as a
student for the 2012-2013 school year. We are requesting that all scholastic records,
health records and any other pertinent information be forwarded to us at the address
before:

HOLY ANGELS SCHOOL
Admissions
82 Possum Park Road
Newark, DE 19711

Thank You for your prompt attention to this matter.

Sincerely,

Cindy Bartosik
School Secretary

I hereby authorize the chief school officer of _____
(School Name)

Address _____ City _____ State _____ Zip _____

To release my child's records to Holy Angels School.

Student's Name _____
Student's Date of Birth: _____ Current Grade Level: _____

Signature of Parent(s)/ Guardian:

Date: _____