



AUTHORIZATION TO RELEASE STUDENT RECORDS

SCHOOL

ADDRESS

SCHOOL PHONE

SCHOOL FAX

ON BEHALF OF MY CHILD, _____, WHO IS CURRENTLY ENROLLED AT YOUR SCHOOL, I HAVE APPLIED FOR ADMISSION TO SAINT RAPHAEL CATHOLIC SCHOOL. I HEREBY GIVE MY PERMISSION FOR YOU TO RELEASE A COMPLETE COPY OF HIS/HER FILE. PLEASE INCLUDE A TRANSCRIPT OF HIS/HER ACADEMIC RECORD, HEALTH FORMS, RELEVANT STANDARDIZED TEST SCORES, TEACHER COMMENTS AND OBSERVATIONS, SPECIAL PROGRAMS, AND PSYCHOLOGICAL EVALUATIONS, IF PERTINENT.

SIGNATURE OF PARENT/GUARDIAN

DATE

NAME

ADDRESS

PHONE

E-MAIL

PLEASE MAIL, FAX, OR EMAIL RECORDS TO:
SAINT RAPHAEL CATHOLIC SCHOOL
ATTENTION: JANET PRITCHETT
5815 FALLS OF THE NEUSE ROAD
RALEIGH, NORTH CAROLINA 27609
PHONE 919-865-5752 + FAX 919-865-5751 + JPRITCHETT@SAINTRAPHAEL.ORG