



## AUTHORIZATION TO RELEASE STUDENT RECORDS

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**SCHOOL**

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**ADDRESS**

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**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.

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SIGNATURE OF PARENT/GUARDIAN

DATE

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NAME

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ADDRESS

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PHONE

E-MAIL

PLEASE MAIL, FAX, OR EMAIL RECORDS TO:  
SAINT RAPHAEL CATHOLIC SCHOOL  
**ATTENTION: KARA RECTENWALD, REGISTRAR**  
5815 FALLS OF THE NEUSE ROAD  
RALEIGH, NORTH CAROLINA 27609

PHONE 919-865-5757 + FAX 919-865-5751 + KRECTENWALD@SAINTRAPHAEL.ORG