



# Trinity Catholic School

*"To teach as Jesus did"*

## RECORD RELEASE REQUEST FORM

**STUDENT'S NAME:** \_\_\_\_\_

**RELEASED TO:** TRINITY CATHOLIC SCHOOL

**RELEASED BY:** \_\_\_\_\_ (prior school).

**SCHOOL ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I GIVE MY PERMISSION FOR ALL RECORDS TO BE RELEASED TO TRINITY CATHOLIC SCHOOL. \*\*PLEASE INCLUDE MEDICAL RECORDS\*\***

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_