

**DIOCESE OF GRAND RAPIDS  
OFFICE OF CATHOLIC SCHOOLS**

**REQUEST FOR RELEASE OF RECORDS**

I authorize \_\_\_\_\_, \_\_\_\_\_  
(Name of Current School) (Current School Address)

\_\_\_\_\_ -to release the student records described in the  
Student Records Release Policy regarding:

Student Legal Name: \_\_\_\_\_

Grade Entering: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Please forward the records to:

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

I certify that I am the (check one) \_\_\_\_\_ custodial parent \_\_\_\_\_ legal guardian  
of the minor child named above and I agree to the above terms for myself and  
my minor child.

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date