

ST. TERESA SCHOOL
1108 LEBANON AVENUE
BELLEVILLE, IL 62221

REQUEST FOR SCHOOL RECORDS

DATE _____

NAME

GRADE

Please send the cumulative school records and health records for the above student/students.

Principal

PARENT RELEASE FORM

As parent or legal guardian for the above-named student/students. I hereby authorize the release of all school and health records to St. Teresa School and request that they be sent to the above address at your earliest convenience.

Signature of Parent/Guardian

Previous School Attended

Name: _____

Address: _____

City & State: _____/Zip Code: _____