Diocese of Rockford
PARENTAL AUTHORIZATION FOR STUDENT REQUEST/RELEASE RECORDS

I, _____ hereby authorize
(Name of parent/guardian)

_____
School Name Address City/State

To REQUEST / RELEASE the following record of my child:

_____
First Name Middle Last Name

in _____grade.

Please include:

Biographical Information (name, address, age, gender, parents)
Academic Records
Attendance Records
Accident Reports
Health Records
Sacramental Records
Other: (Specify what is requested and reason): _____

_____

_____
Signature of Parent/Legal Guardian Date

_____
Address of Parent/Legal Guardian City/State Zip Code

_____
Telephone of Parent/Legal Guardian

Mail to:

____**Pope Saint John Paul II Catholic Academy, North Campus**
Attention: Ms. Theresa Garcia
Address: 706 High St., Aurora, IL 60505
Phone: 630-844-3781
Fax: 630-844-3656
Email: tgarcia@jp2aurora.org

_____**Pope Saint John Paul II Catholic Academy, South Campus**
Attention: Mrs. Norma Heredia
Address: 601 Talma St., Aurora, IL 60505
Phone: 630-851-4400
Fax: 630-851-8220
Email: nheredia@jp2aurora.org

Office Use Only

1st Request Date: _____	___ Mailed to:	___Faxed to:
2nd Request Date: _____	___ Mailed to:	___Faxed to:
3rd Request Date: _____	___ Mailed to:	___Faxed to: