Diocese of Rockford PARENTAL AUTHORIZATION FOR STUDENT REQUEST/RELEASE RECORDS

		hereby authorize
(Name of parent/guardian)		
Add	ress	City/State
T / RELEASE the followir	ng record of n	ny child:
First Name	Middle	Last Name
ingrade.		
de:		
• •	(name, addr	ess, age, gender, parents)
Health Records		
Sacramental Records		
Other: (Specify what is re	equested and	l reason):
Parent/Legal Guardian		Date
rent/Legal Guardian	City/State	Zip Code
Parent/Legal Guardian		
John Paul II Catholic Academy		_Pope Saint John Paul II Catholic Academy,
pus		North Campus
pus Ms. Crystal Villanueva		North Campus Attention: Mrs. Lucia Rizo
pus		North Campus
pus Ms. Crystal Villanueva 01 Talma Street, Aurora, IL 60505 -851-4400 51-8220		North Campus Attention: Mrs. Lucia Rizo Address: 706 High Street, Aurora, IL 60505 Phone: 630-844-3781 Fax: 630-506-6590
pus Ms. Crystal Villanueva 01 Talma Street, Aurora, IL 60505 -851-4400		North Campus Attention: Mrs. Lucia Rizo Address: 706 High Street, Aurora, IL 60505 Phone: 630-844-3781
pus Ms. Crystal Villanueva 01 Talma Street, Aurora, IL 60505 -851-4400 51-8220 lanueva@jp2aurora.org	<u>Office Use Only</u>	North Campus Attention: Mrs. Lucia Rizo Address: 706 High Street, Aurora, IL 60505 Phone: 630-844-3781 Fax: 630-506-6590 Email: <u>luciarizo@jp2aurora.org</u>
pus Ms. Crystal Villanueva 01 Talma Street, Aurora, IL 60505 -851-4400 51-8220	; <u>Office Use Only</u> 0:	North Campus Attention: Mrs. Lucia Rizo Address: 706 High Street, Aurora, IL 60505 Phone: 630-844-3781 Fax: 630-506-6590 Email: <u>luciarizo@jp2aurora.org</u>
	Addi T / RELEASE the followin First Name ingrade. de: Biographical Information Academic Records Attendance Records Attendance Records Accident Reports Health Records Sacramental Records	ingrade. de: Biographical Information (name, addr Academic Records Attendance Records Accident Reports Health Records Sacramental Records Other: (Specify what is requested and Parent/Legal Guardian rent/Legal Guardian City/State