



### Authorization for the Release of Student Records

School \_\_\_\_\_

Address \_\_\_\_\_

School Phone \_\_\_\_\_ School Fax \_\_\_\_\_

On behalf of my child, \_\_\_\_\_, who is presently enrolled at your school, I have applied for admission to Saint Raphael Catholic School. I hereby authorize you to release a complete copy of his/her file. Please include a transcript of his/her academic record, health forms, relevant test scores, teacher comments and observations of his/her overall development, special programs and psychological evaluations if pertinent.

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

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**Please mail or fax records to:**

*Saint Raphael Catholic School  
5815 Falls of Neuse Road  
Raleigh, NC 27609*

*(919)865-5750  
(919)865-5751 (fax)*

