SAINT PIUS TENTH SCHOOL
3000 Chili Avenue
Rochester, New York 14624-4598
Telephone: (585) 247-5650 Fax: (585) 247-7409

Accredited by
Middle States Association

AUTHORIZATION FOR RELEASE OF INFORMATION:

As parent or legal guardian of _____, I give permission for the release of the following information concerning my child and /or children.

Cumulative Records: _____

Health Records: _____

Psycho Educational Records: _____

Verbal and Written Communication: _____

Other: _____

_____
Parent/Guardian Signature

_____
Date

School official authorizing the release and/or request of information:

_____ _____
Date Signature

Agency/person releasing/receiving information: _____

Address: _____

_____

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