

AUTHORIZATION FOR RELEASE OF INFORMATION

Student's Name:					Sex:		Bi	rth Date:	
Parent/Guardian		Print Studen	ıt's Legal Na	ıme			Female		mm/dd/yyyy
Home Address:									
Home Phone:	()	-		Work Pho	one: ()	-	E	xt.
				Student Inforn					
I,				hereby AUTHORI	7 F				
· · · · · · · · · · · · · · · · · · ·	Parent/Guardian	n's Full Name	,	neleby ACTITORI	ZĽ		Prin	et School's I	Name
to use or disclose	e				's identi	ifiable	informati	on as de	escribed below
		Print Stude	nt's Legal N	Name	_				
The following inf	formation ma	ay be shared							
ALL perso	·	able data on file	OR	The following reconstruction Assessments/ED Behavioral Reconstruction Academic Reconstruction Other (specify):	Evaluation ords/Pla ords	ns [ns [☐Medical ☐Counseli ☐Recomm	Informating Recor	ion rds as
Reason for the re	☐ To aid i	in making present	t and futu	re educational decisi	,		, ,	/	
		please specify):							
I AUTHORIZE below), regarding	the release o	of the aforemention		rmation (existing in t					d immediately
below), regarding	the release o	of the aforemention: Our Lady Sta	oned infor	rmation (existing in the Sea School	he schoo	l's reco	ords at the	date liste	
below), regarding	the release o	of the aforemention: Our Lady Sta	oned infor	rmation (existing in t	he schoo	l's reco	ords at the	date liste	
below), regarding School/Agency/	the release og my child to: Institution: son: Ambe	of the aforemention: Our Lady Standard Print Part Part Part Part Part Part Part Par	ar of the	Sea School Foll Agency / Institution to William	he schoo	l's reco	ords at the	date liste	Disclosed
below), regarding School/Agency/ Contact Pers	the release of g my child to: Institution: Son: Amber Print 1	of the aforemention: Our Lady Standard Print Name of Contact Person	ar of the	Sea School ol/Agency/Institution to WI	he schoo	l's reco	ords at the	date liste	Disclosed
below), regarding School/Agency/	the release of g my child to: Institution: Son: Amber Print 1	of the aforemention: Our Lady Standard Print Name of Contact Person	ar of the	Sea School Foll Agency / Institution to William	he schoo	l's reco	ords at the	date liste	Disclosed
below), regarding School/Agency/ Contact Pers	the release of g my child to: Institution: Son: Amberian Print I	of the aforemention: Our Lady Standard Print Name of Contact Person	ar of the	Sea School ol/Agency/Institution to WI Agency/Institution P I/Agency/Institution mons, MD 20688	he schoo	ent's Info	rmation Will B	date liste	Pisclosed Ext.
below), regarding School/Agency/ Contact Pers School/Agen	the release of g my child to: Institution: Son: Amberian Print I	Our Lady Sta Print P er Tamburri Name of Contact Person PO Box 56	ar of the	Sea School ol/Agency/Institution to WI	he schoo	l's reco	rmation Will B	date liste	Pisclosed Ext.
below), regarding School/Agency/ Contact Pers School/Agen Duration for	the release of my child to: Institution: Son: Amber Print Incy Address:	Our Lady Sta Print I er Tamburri Name of Contact Person PO Box 56 From:	ar of the Name of School at the School 60, Solor	Sea School Pol/Agency/Institution to WI Agency/Institution Pol/Agency/Institution MO Specify Date Time by submitting	he schoo	Until:	rriting to	date liste	Pisclosed Ext.
below), regarding School/Agency/ Contact Pers School/Agen Duration for	the release of my child to: Institution: Son: Amber Print Incy Address: Disclosure:	Our Lady Sta Print I er Tamburri Name of Contact Person PO Box 56 From:	ar of the Name of School at the School 60, Solor	Sea School Pol/Agency/Institution to WI Agency/Institution Pol/Agency/Institution MO Specify Date Time by submitting	he schoo	Until:	rriting to	date liste	Pisclosed Ext.
below), regarding School/Agency/ Contact Pers School/Agen Duration for	the release of my child to: Institution: Son: Amber Print Incy Address: Disclosure:	Our Lady Sta Print I er Tamburri Name of Contact Person PO Box 56 From:	ar of the Name of School at the School 60, Solor	Sea School Pol/Agency/Institution to WI Agency/Institution Pol/Agency/Institution MO Specify Date Time by submitting	he schoo	Until:	rriting to	date liste	Pisclosed Ext.
below), regarding School/Agency/ Contact Pers School/Agen Duration for I understand that	the release of my child to: Institution: Son: Amberrant Incy Address: The Disclosure: at I may revolute I may	Our Lady Sta Print I er Tamburri Name of Contact Person PO Box 56 From: ke this authorizat	ar of the Name of School at the School 60, Solor	Specify Date	he schoo	Until:	rriting to	date liste The Used or D The Used or D Specify .	Pisclosed Ext.

ARCHDIOCESE OF WASHINGTON Rev. December 1, 2013