



St. Patrick School

1001 Charles Orndorf Drive

Brighton, MI 48116

Phone: 810-229-7946

Fax: 810-229-6206

Student Records Release Form

Date: _____

Dear Principal,

The following student has enrolled in St. Patrick School for the following grade: _____.

Student Name: _____

Name and Address of School (prior to St. Patrick School):

I hereby grant permission to release to St. Patrick School all records contained in my child's complete CA-60, including but not limited to, report cards, medical records, psychological evaluations, standardized test scores, IEP's.

Parent Name: _____
(please print)

Parent Signature: _____

Sincerely,
Carley Dunphey, Principal