

St. John School  
5 St. John Square  
Middletown, CT 06457

RECORD RELEASE FORM

Date: \_\_\_\_\_

Please fill out the form below and return it to St. John School. We must have this release to obtain records from the school your child previously attended. Thank you.

My signature gives consent to \_\_\_\_\_ School at

address: \_\_\_\_\_

to release records specified below concerning: \_\_\_\_\_  
( student )

to Saint John School, 5 St. John Square, Middletown CT, 06457.

\_\_\_\_\_ Educational achievement grades and test results

\_\_\_\_\_ Health Records

\_\_\_\_\_ Psychological Evaluations

\_\_\_\_\_ Other ( please indicate )

Signature: \_\_\_\_\_

Relationship to student: ( circle one )

Parent

Guardian