



## INFORMATION AND RECORD RELEASE FORM

\_\_\_\_\_  
SCHOOL

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY, STATE ZIP

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_, a student in the \_\_\_\_\_  
grade of your school has applied at Our Lady of the Lake Catholic School. Please  
forward a copy of all student records pertaining to this student. Thank you for your  
assistance.

\_\_\_\_\_  
Principal

I hereby give my permission for a copy of the records of the above named student to be transmitted to Our Lady of the Lake Catholic School. I have been notified of my right to review the records, to receive a copy of the record and to have a hearing to remove or correct any information that is inaccurate, misleading, or otherwise violates the student's right to privacy. In addition, I grant permission for personnel at Our Lady of the Lake Catholic School to consult with personnel at the above named school about my child's behavior and performance.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

Date