

**DIOCESE OF GRAND RAPIDS**  
**OFFICE OF CATHOLIC SCHOOLS**  
***All Saints Academy***  
*www.asagr.org*

**REQUEST FOR RELEASE OF RECORDS**

I authorize \_\_\_\_\_

(Previous School/District/or Agency)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, and Zip Code)

to release student records described in the Student Records Release Policy regarding:

Student's Legal Name: \_\_\_\_\_

Grade Entering: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Please forward the records to:

Grades Pre-3

**All Saints Academy Elementary School**

2233 Diamond Ave NE

Grand Rapids MI 49505-4313

Phone: 616-364-9453

Fax: 616-361-6991

Grades 4-8

**All Saints Academy Middle School**

1110 Four Mile Road NE

Grand Rapids MI 49525-2653

Phone: 616-363-7725

Fax: 616-363-3086

Please send Cumulative School Records/Files, Achievement Test results, all health and Immunization records and doctors' reports, and any diagnostic test results so that the school can adequately place this/these student(s). Also, please send Confidential Files (Psychologicals, Social Work Reports, I.E.P.C. records, etc.) if applicable.

I certify that I am the (check one)  Custodial Parent  Legal Guardian of the minor child named above, and I agree to the above terms for myself and my minor child.

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date