

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