

St. Gerard School

4433 West Willow Hwy. • Lansing, Michigan 48917 • PH 517.321.6126 • FAX 517.323.8046

PERMISSION TO RELEASE RECORDS

Previous School: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please send the transcript for _____

who is presently enrolled in Grade _____ at St. Gerard School.

The parent/guardian's signature indicates permission to forward all school records including health records and any confidential information including psychological reports to St. Gerard School.

Parent/Guardian's Signature

Date