



St. Elizabeth Catholic School

917 Montrose Road, Rockville, MD 20852

Authorization to Release Student Records

Student: _____ **Date of Birth:** _____

Current School Placement:

Present Grade Level _____

I Hereby Consent to the release of the following student records:

- _____ **Cumulative Educational Record**
_____ **Transcript of Grades Earned to Date**
_____ **Health Records**
_____ **Confidential Special Education and Related Service Records**

I request that the information be forwarded to:

**St. Elizabeth Catholic School
917 Montrose Road
Rockville, Maryland 20852**

Special Instructions:

Date: _____ **Signature:** _____

Parent or Guardian