



800 Cypress Street, Rome, New York 13440 • (315) 336-6190 Fax: (315) 336-6194

Authorization for the Release of Records

Date: _____

This document authorizes _____
Name of School or District

to release the following records of _____
Name of Student

DOB: _____ to Rome Catholic School.

Academic Records

Testing Records

Psychological Records

Health Records

I. E. P.

I. E. S. P.

504 Plan

Disciplinary / Attendance Records

_____ Other (specify) _____

Parent's Name: _____
(Please Print)

Address: _____ Phone: _____

_____ City State Zip

Parent Signature: _____