



Divine Mercy Catholic School
15 S.W. Third Ave.
Faribault, MN 55021
Phone: (507) 334-7706 • Fax: (507) 332-2669

PERMISSION TO RELEASE STUDENT RECORDS

To the Registrar:

Student Name

Present Grade

Has registered as a student at Divine Mercy Catholic School. Would you please forward to our office the following information listed below:

Grades to date, if student withdrew during school term
Attendance data
IEP records
Health records
Athletic physical reports
Standardized test scores
Results of psychological/Support/Special Academic evaluations

Thank you for your cooperation.

Sincerely,

Peggy Ann Johnson
Registrar

To the Parent/Guardian:

I hereby grant permission to _____ School to
release/ forward the records of my child _____ to Divine
Mercy Catholic School (address given above).

Parent Signature

Date