RECORDS RELEASE FORM

Date: _____

To: _____

Address: _____

_____

Student Name: _____

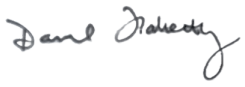
Address: _____

_____

The above-named student is enrolled at Frassati Catholic Academy. Please send all academic, attendance, medical and psychological records to the address below to assist us in working with this student and their family.

Thank you,

Daniel Flaherty



Frassati Catholic Academy Principal

Parent/Guardian Signature _____

Date: _____

Please mail records to:

Frassati Catholic Academy 316 West Mill Street Wauconda, IL 60084

OR Scan to: schooloffice@frassaticatholicacademy.org