

Rosary High School

A College Preparatory Institution

www.rosaryhs.com



901 N. Edgelawn Dr., Aurora, IL 60506

Ph: (630)896-0831

Fax: (630)896-8372

Parental Authorization for Request/Release of Student Records

(to be used for students transferring FROM Rosary High School)

I hereby authorize: _____
Name of School

901 N. EDGELAWN DRIVE, AURORA, IL 60506

Address of School, City, State, Zip Code

PH: 630-896-0831 FAX: 630-896-8372

School Phone and Fax Numbers

to release the following records of my child, _____ in grade _____.

- Academic Records
- Psychological Referrals & Evaluations
- Standardized Tests
- Health Records
- Other: _____

To be sent to: _____
Name of School

Address of School, City, State, Zip Code

School Phone and Fax Numbers

Signature: _____ Date: _____
Parent/Guardian

Office Use Only

- I hereby attest that the above-mentioned student is in good standing and that all health records are up-to-date and complete as of the date of this form.
- The above-mentioned student is not in good standing or is currently on disciplinary probation.
- The above-mentioned student's health records are not up-to-date and complete as documented in the student's permanent record.

Signature: _____ Date: _____
Certifying Officer