

St. Therese School
1260 NE 132nd Ave.
Portland, Oregon 97230
503-253-9400 Fax 503-253-9571

Date of Request: _____

Authorization for Release of Student Records FROM:

School _____

Address _____

City/State/Zip _____

I hereby authorize the above-named school to release all academic, specialized instructional records, psychological reports and health records to St. Therese School. I hereby certify that I am the parent (or legal guardian) of the named child/children listed here:

Student Name	Grade
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Parent/Guardian Signature

Date

Address _____

City/State/Zip _____

SEND RECORDS TO:

Principal
St. Therese School
1260 NE 132nd Ave
Portland, OR 97230