St. Aloysius A Tradition of Excellence
Catholic Elementary & Jr. High School

Parental Consent for Record Release

I hereby give permission to (Previous School):

Name of School: _____

School Address: _____

_____

Attention: _____

Email: _____

To Comply with a request for the records of:

Student's Name: _____

Student's Birthdate: _____

Student's Grade: _____

Please send all cumulative and health records to: St. Aloysius School
148 S. Enterprise
P.O. Box 485
Bowling Green, OH 43402

OR

Stephanie Rath at schooloffice@stalschoolbg.org

Signature: _____ Date: _____

Relationship: _____Phone: _____