



OUR LADY STAR OF THE SEA SCHOOL

Educating the Mind. Empowering the Heart. Engaging in Service.

Date: _____

To: _____

Dear Principal,

Permission is hereby granted to release all records regarding the following student:

Name: _____ Grade: _____

Birthdate: _____

This information may include:

___ immunizations/ health records

___ cumulative folder

___ intelligent achievement test scores

___ psychological reports

___ any other pertinent information in pupil placement

Signature of Parent/Guardian

Relationship to student

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Atlantic City, NJ 08401
609-345-0648 (Phone) 609-344-6735 (Fax)
www.olssac.org